
SEPTEMBER 27, 2013

CHRISTOPHER J & MARY P CHRISTIE


DEAR MR. AND MRS. CHRISTIE:

ENCLOSED ARE YOUR 2012 INCOME TAX RETURNS, AS FOLLOWS...

2012 U.S. INDIVIDUAL INCOME TAX RETURN

2012 CALIFORNIA INDIVIDUAL INCOME TAX RETURN

2012 CONNECTICUT INDIVIDUAL INCOME TAX RETURN

2012 ILLINOIS INDIVIDUAL INCOME TAX RETURN

2012 MASSACHUSETTS INDIVIDUAL INCOME TAX RETURN

2012 NEW JERSEY INDIVIDUAL INCOME TAX RETURN

2012 NEW YORK INDIVIDUAL INCOME TAX RETURN

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,


2012 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2012

| | | | | | | | | | | | | | |
|--|---|-------------------------|----|---------|--------------------------------|----|---------|------------------------------|----|---|-------------|----|-------|
| Prepared for | CHRISTOPHER J & MARY P CHRISTIE [REDACTED] | | | | | | | | | | | | |
| Prepared by | [REDACTED] | | | | | | | | | | | | |
| Amount of tax | <table><tr><td>Total tax</td><td>\$</td><td>123,249</td></tr><tr><td>Less: payments and credits</td><td>\$</td><td>128,362</td></tr><tr><td>Plus: interest and penalties</td><td>\$</td><td>0</td></tr><tr><td>OVERPAYMENT</td><td>\$</td><td>5,113</td></tr></table> | Total tax | \$ | 123,249 | Less: payments and credits | \$ | 128,362 | Plus: interest and penalties | \$ | 0 | OVERPAYMENT | \$ | 5,113 |
| Total tax | \$ | 123,249 | | | | | | | | | | | |
| Less: payments and credits | \$ | 128,362 | | | | | | | | | | | |
| Plus: interest and penalties | \$ | 0 | | | | | | | | | | | |
| OVERPAYMENT | \$ | 5,113 | | | | | | | | | | | |
| Overpayment | <table><tr><td>Miscellaneous Donations</td><td>\$</td><td>0</td></tr><tr><td>Credited to your estimated tax</td><td>\$</td><td>5,113</td></tr><tr><td>Refunded to you</td><td>\$</td><td>0</td></tr></table> | Miscellaneous Donations | \$ | 0 | Credited to your estimated tax | \$ | 5,113 | Refunded to you | \$ | 0 | | | |
| Miscellaneous Donations | \$ | 0 | | | | | | | | | | | |
| Credited to your estimated tax | \$ | 5,113 | | | | | | | | | | | |
| Refunded to you | \$ | 0 | | | | | | | | | | | |
| Make check payable to | NOT APPLICABLE | | | | | | | | | | | | |
| Mail tax return and check (if applicable) to | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING AND THE PRACTITIONER PIN PROGRAM HAS BEEN ELECTED. PLEASE SIGN AND RETURN FORM 8879 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS. | | | | | | | | | | | | |
| Return must be mailed on or before | NOT APPLICABLE | | | | | | | | | | | | |
| Special Instructions | | | | | | | | | | | | | |

IRS e-file Signature Authorization

OMB No. 1545-0074

2012

► Do not send to the IRS. This is not a tax return.

► Keep this form for your records.

► Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Declaration Control Number (DCN) ►

| | |
|--|--|
| Taxpayer's name CHRISTOPHER J CHRISTIE | Social security number ***-**-**** |
| Spouse's name MARY P CHRISTIE | Spouse's social security number ***-**-**** |

Part I Tax Return Information - Tax Year Ending December 31, 2012 (Whole Dollars Only)

| | | | |
|---|---|---|----------|
| 1 | Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) | 1 | 478,977. |
| 2 | Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) | 2 | 123,249. |
| 3 | Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) | 3 | 89,343. |
| 4 | Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a) | 4 | 0. |
| 5 | Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12) | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2012, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize [redacted] to enter or generate my PIN [redacted] as my signature on my tax year 2012 electronically filed income tax return.
ERO firm name Enter five numbers, but do not enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► **09/27/2013**

Spouse's PIN: check one box only

- ☒ I authorize [redacted] to enter or generate my PIN [redacted] as my signature on my tax year 2012 electronically filed income tax return.
ERO firm name Enter five numbers, but do not enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► **09/27/2013**

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [redacted]

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2012 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► _____ Date ► **09/27/2013**

**Tax Year 2012 e-file Jurat/Disclosure
for Form 1040, 1040A, or 1040EZ
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN

[REDACTED]

(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN:

[REDACTED]

Date 09272013

Spouse's PIN:

[REDACTED]

▼ DETACH HERE ▼

Form **4868**

Department of the Treasury
Internal Revenue Service (99)

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

For calendar year 2012, or other tax year beginning

, 2012, ending

1019

2012

Part I Identification

1 Your name(s)

CHRISTOPHER J CHRISTIE
MARY P CHRISTIE

[REDACTED]

2 Your social security number
-**-*

3 Spouse's social security number
-**-*

Part II Individual Income Tax

4 Estimate of total tax liability for 2012 \$ 120,495.
5 Total 2012 payments 127,821.
6 **Balance due.** Subtract line 5
from line 4 0.
7 Amount you are paying ► 0.

8 Check here if you are "out of the country" and a U.S.
citizen or resident ► ☐

9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive
wages as an employee subject to U.S. income tax withholding ► ☐

[REDACTED]

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning

2012, ending

20

See separate instructions.

Your first name and initial

CHRISTOPHER J

Last name

CHRISTIE

Your social security number

-**-*

If a joint return, spouse's first name and initial

MARY P

Last name

CHRISTIE

Spouse's social security number

-**-*

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

Filing Status

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If child under age 17 qualifying for child tax credit

ANDREW CHRISTIE

-**-*

SON

SARAH CHRISTIE

-**-*

DAUGHTER

PATRICK CHRISTIE

-**-*

SON

BRIDGET CHRISTIE

-**-*

DAUGHTER

Boxes checked on 6a and 6b

2

No. of children on 6c who:

● lived with you

4

● did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

6

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 425,088.

8a Taxable interest. Attach Schedule B if required

8a 3,325.

b Tax-exempt interest. Do not include on line 8a

8b 1,358.

9a Ordinary dividends. Attach Schedule B if required

9a 10,132.

b Qualified dividends

9b 2,904.

STMT 4

10 Taxable refunds, credits, or offsets of state and local income taxes

STMT 1 STMT 2

10 0.

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

13 16,153.

14 Other gains or (losses). Attach Form 4797

14 3,459.

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17 20,820.

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

22 478,977.

Adjusted Gross Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37 478,977.

Tax and Credits

Standard Deduction for -
 • People who check any box on line 39a or 39b or who can be claimed as a dependent.

• All others:
 Single or Married filing separately, \$5,950
 Married filing jointly or Qualifying widow(er), \$11,900
 Head of household, \$8,700

| | | | |
|-----|--|----|----------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 478,977. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked ... 39a <input type="checkbox"/> | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ... 39b <input type="checkbox"/> | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 105,739. |
| 41 | Subtract line 40 from line 38 | 41 | 373,238. |
| 42 | Exemptions. Multiply \$3,800 by the number on line 6d | 42 | 22,800. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 350,438. |
| 44 | Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election | 44 | 90,377. |
| 45 | Alternative minimum tax. Attach Form 6251 | 45 | 28,717. |
| 46 | Add lines 44 and 45 | 46 | 119,094. |
| 47 | Foreign tax credit. Attach Form 1116 if required | 47 | 166. |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 | 48 | 200. |
| 49 | Education credits from Form 8863, line 19 | 49 | |
| 50 | Retirement savings contributions credit. Attach Form 8880 | 50 | |
| 51 | Child tax credit. Attach Schedule 8812, if required | 51 | |
| 52 | Residential energy credits. Attach Form 5695 | 52 | |
| 53 | Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 53 | |
| 54 | Add lines 47 through 53. These are your total credits | 54 | 366. |
| 55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- | 55 | 118,728. |

Other Taxes

| | | | |
|-----|--|-----|----------|
| 56 | Self-employment tax. Attach Schedule SE | 56 | |
| 57 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 57 | |
| 58 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 58 | |
| 59a | Household employment taxes from Schedule H | 59a | 4,521. |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 59b | |
| 60 | Other taxes. Enter code(s) from instructions | 60 | |
| 61 | Add lines 55 through 60. This is your total tax | 61 | 123,249. |

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|-----|---|-----|----------|
| 62 | Federal income tax withheld from Forms W-2 and 1099 | 62 | 89,343. |
| 63 | 2012 estimated tax payments and amount applied from 2011 return | 63 | 34,880. |
| 64a | Earned income credit (EIC) | 64a | |
| b | Nontaxable combat pay election 64b <input type="checkbox"/> | | |
| 65 | Additional child tax credit. Attach Schedule 8812 | 65 | |
| 66 | American opportunity credit from Form 8863, line 8 | 66 | |
| 67 | Reserved | 67 | |
| 68 | Amount paid with request for extension to file | 68 | |
| 69 | Excess social security and tier 1 RRTA tax withheld STMT 7 | 69 | 4,129. |
| 70 | Credit for federal tax on fuels. Attach Form 4136 | 70 | |
| 71 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input checked="" type="checkbox"/> 8801 d <input type="checkbox"/> 8885 | 71 | 10. |
| 72 | Add lines 62, 63, 64a, and 65 through 71. These are your total payments | 72 | 128,362. |

Refund

Direct deposit? See instructions.

| | | | |
|-----|--|-----|--------|
| 73 | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid | 73 | 5,113. |
| 74a | Amount of line 73 you want refunded to you. If Form 8888 is attached, check here | 74a | |
| b | Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/> | | |
| 75 | Amount of line 73 you want applied to your 2013 estimated tax | 75 | 5,113. |

Amount You Owe

| | | | |
|----|--|----|--|
| 76 | Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions | 76 | |
| 77 | Estimated tax penalty (see instructions) | 77 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--|----------------------|---------------------|---|
| Your signature | Date | Your occupation | Daytime phone number |
| <input type="text"/> | <input type="text"/> | GOVERNOR | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here |
| <input type="text"/> | <input type="text"/> | SALES | <input type="text"/> |

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|----------------------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| <input type="text"/> | <input type="text"/> | 09/27/13 | | |
| Firm's name | Firm's EIN | Phone no. | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

Child Tax Credit Worksheet (keep for your records)

| | | |
|---|-------------------------|--------------------------------|
| Name(s): First CHRISTOPHER J & MARY P | Last CHRISTIE | Your SSN ***-**-**** |
|---|-------------------------|--------------------------------|

Part 1

1. Number of qualifying children: 3 X \$1,000. Enter the result. 1 3,000.
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. 2 478,977.
3. **1040 filers:** Enter the total of any-
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.
 } 3 0.
- 1040A and 1040NR filers:** Enter -0-.
4. Add lines 2 and 3. Enter the total. 4 478,977.
5. Enter the amount shown below for your filing status.
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,000
 } 5 110,000.
6. Is the amount on line 4 more than the amount on line 5?

☐ **No.** Leave line 6 blank. Enter -0- on line 7.
☒ **Yes.** Subtract line 5 from line 4. 6 369,000.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).
7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 18,450.
8. Is the amount on line 1 more than the amount on line 7?

☒ **No.** STOP
 You cannot take the child tax credit on Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48.
☐ **Yes.** Subtract line 7 from line 1. Enter the result. 8

Part 2

9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 44. 9 _____
10. **1040 filers:** Enter the total of the amounts from lines 47 through 50.*
1040A filers: Enter the total of the amounts from lines 29 through 32.
1040NR filers: Enter the total of the amounts from lines 45 through 47.*
 } ... 10 _____
11. Are you claiming any of the following credits?
 - Residential energy efficient property credit, Form 5695, Part I.
 - Mortgage interest credit, Form 8396
 - Qualified adoption expenses, Form 8839
 - District of Columbia first-time homebuyer credit, Form 8859

☐ **No.** Enter the amount from line 10.
☐ **Yes.** Complete the Line 11 Worksheet to figure the amount to enter here.

 } 11 _____
12. Subtract line 11 from line 9. Enter the result. 12 _____
13. Is the amount on line 8 of this worksheet more than the amount on line 12?

☐ **No.** Enter the amount from line 8.
☐ **Yes.** Enter the amount from line 12.

 } **This is your child tax credit.** 13 _____

* Also include amounts from:

Form 5695, line 32
 Form 8834, line 23
 Form 8910, line 22
 Form 8936, line 23
 Schedule R, line 22

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
► Attach to Form 1040.

OMB No. 1545-0074

2012
Attachment
Sequence No. **07**

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

*** ** *

| | | | |
|---|---|----|----------------|
| Medical and Dental Expenses | Caution. Do not include expenses reimbursed or paid by others. | | |
| 1 | Medical and dental expenses (see instructions) | 1 | |
| 2 | Enter amount from Form 1040, line 38 | 2 | |
| 3 | Multiply line 2 by 7.5% (.075) | 3 | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | |
| Taxes You Paid | 5 State and local (check only one box): | | |
| | a <input checked="" type="checkbox"/> Income taxes, or | 5 | 35,486. |
| | b <input type="checkbox"/> General sales taxes | 6 | 37,921. |
| 6 | Real estate taxes (see instructions) | 7 | |
| 7 | Personal property taxes | 8 | |
| 8 | Other taxes. List type and amount ► | | |
| 9 | Add lines 5 through 8 | 9 | 73,407. |
| Interest You Paid | 10 Home mortgage interest and points reported to you on Form 1098 | 10 | 8,049. |
| | 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► | 11 | |
| Note. Your mortgage interest deduction may be limited (see instructions). | 12 Points not reported to you on Form 1098. See instructions for special rules | 12 | |
| | 13 Mortgage insurance premiums (see instructions) | 13 | |
| | 14 Investment interest. Attach Form 4952 if required. (See instructions.) STMT 10 | 14 | 3,017. |
| | 15 Add lines 10 through 14 | 15 | 11,066. |
| Gifts to Charity | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | 20,766. STMT 9 |
| | 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 SEE STATEMENT 11 | 17 | 500. |
| | 18 Carryover from prior year | 18 | |
| | 19 Add lines 16 through 18 | 19 | 21,266. |
| Casualty and Theft Losses | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | 20 | |
| Job Expenses and Certain Miscellaneous Deductions | 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► | 21 | |
| | 22 Tax preparation fees | 22 | |
| | 23 Other expenses - investment, safe deposit box, etc. List type and amount ► FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST 5,197. | 23 | 5,197. |
| | 24 Add lines 21 through 23 | 24 | 5,197. |
| | 25 Enter amount from Form 1040, line 38 | 25 | 478,977. |
| | 26 Multiply line 25 by 2% (.02) | 26 | 9,580. |
| | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 | 0. |
| Other Miscellaneous Deductions | 28 Other - from list in instructions. List type and amount ► | 28 | |
| Total Itemized Deductions | 29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 | 29 | 105,739. |
| | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here | | |

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

(99) ▶ Information about Schedule B (Form 1040A or 1040) and its instructions is at www.irs.gov/form1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **08**

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I
Interest

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶

GOLDMAN SACHS

THE MARY PAT CHRISTIE 2010 BLIND TRUST

FROM K-1 - CANTOR FITZGERALD LP

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Amount

3,303.

22.

1

- 2** Add the amounts on line 1 **2** 3,325.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
Attach Form 8815 **3**
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ... ▶ **4** 3,325.

Note. If line 4 is over \$1,500, you must complete Part III.

Amount

Part II
Ordinary Dividends

- 5** List name of payer ▶

GOLDMAN SACHS

GOLDMAN SACHS

THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST

THE MARY PAT CHRISTIE 2010 BLIND TRUST

FROM K-1 - CANTOR FITZGERALD LP

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

8,247.

1,884.

1.

5

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ... ▶ **6** 10,132.

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes

No

- 7a** At any time during 2012, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions **X**
If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements
b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶

- 8** During 2012, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions **X**

227501
09-25-12

Name: CHRISTOPHER J & MARY P CHRISTIE

Name: CHRISTOPHER J & MARY P CHRISTIE

| Name: CHRISTOPHER J & MARY P CHRISTIE | | | | | | | | |
|---------------------------------------|----------|-----------------------------------|------------------------|----------------------------------|-----------------------|------------------------|-------------------------------|--------------------------------|
| Payer | Interest | Interest on U.S. Savings Bonds | Tax-Exempt Interest | Original Issue Discount (OID) | Ordinary Dividends | Qualified Dividends | Capital Gain Distributions | Federal Income Tax Withheld |
| | | | | | | | | State Tax Withheld |
| | | | | | | | | Foreign Tax Paid |
| GOLDMAN SACHS | | | | | | | | |
| THE CHRISTOPHER J. CHRISTIE | | | | | | | | |
| 2010 BLIND TRUST | | | 0. | | | | | |
| THE MARY PAT CHRISTIE 2010 | | | | | | | | |
| BLIND TRUST | 2,218. | 1,085. | 0. | | | | | |
| GOLDMAN SACHS | | | | | | | | |
| GOLDMAN SACHS | | | | | | | | |
| THE CHRISTOPHER J. CHRISTIE | | | | | | | | |
| 2010 BLIND TRUST | | | | | 8,247. | 1,600. | 1,994. | |
| THE MARY PAT CHRISTIE 2010 | | | | | | | | |
| BLIND TRUST | | | | | 1,884. | 1,303. | | |
| FROM K-1 - CANTOR FITZGERALD | | | | | | | | |
| LP | 22. | | | | 1. | 1. | | |
| | | | | | | | | |
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| | | | | | | | | |
| TOTALS | 2,240. | 1,085. | | | 10,132. | 2,904. | 1,994. | |

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1040.

▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2012Attachment
Sequence No. **12**

Name(s) shown on return

CHRISTOPHER J & MARY P CHRISTIE

Your social security number

-**-*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or LessComplete Form 8949 before completing line 1, 2, or 3.
This form may be easier to complete if you round off
cents to whole dollars.

| | (d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d) | (e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|--|--|
| 1 Short-term totals from all Forms 8949 with box A checked in Part I | | | | |
| 2 Short-term totals from all Forms 8949 with box B checked in Part I | | | 5,343. | 5,343. |
| 3 Short-term totals from all Forms 8949 with box C checked in Part I | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 STMT 12 | | | 4 | 218. |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 14 | | | 5 | 1,415. |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | 6 | () |
| 7 Net short-term capital gain or (loss) . Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 | | | 7 | 6,976. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One YearComplete Form 8949 before completing line 8, 9, or 10.
This form may be easier to complete if you round off
cents to whole dollars.

| | (d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d) | (e) Cost or other basis from Form(s) 8949, Part II, line 4, column (e) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 4, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|--|---|--|
| 8 Long-term totals from all Forms 8949 with box A checked in Part II | | | | |
| 9 Long-term totals from all Forms 8949 with box B checked in Part II | | | <363.> | <363.> |
| 10 Long-term totals from all Forms 8949 with box C checked in Part II | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 13 SEE STATEMENT 15 | | | 11 | 348. |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | 12 | 7,198. |
| 13 Capital gain distributions SEE STATEMENT 16 | | | 13 | 1,994. |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | 14 | () |
| 15 Net long-term capital gain or (loss) . Combine lines 8 through 14 in column (h). Then go to Part III on page 2 | | | 15 | 9,177. |

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2012

Part III Summary

| | | |
|--|-----------|----------------|
| 16 Combine lines 7 and 15 and enter the result <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. | 16 | 16,153. |
| 17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions | 18 | |
| 19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions SEE STATEMENT 17 | 19 | 4. |
| 20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below. | | |
| 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) Note. When figuring which amount is smaller, treat both amounts as positive numbers. | 21 | () |
| 22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR. | | |

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2012

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification no.

CHRISTOPHER J & MARY P CHRISTIE

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part I Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2.

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis **was** reported to the IRS
- ☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **was not** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Schedule D Tax Worksheet

Keep for Your Records

| | |
|---|------------------------------------|
| Name(s) shown on return CHRISTOPHER J & MARY P CHRISTIE | Your SSN *** - ** - **** |
|---|------------------------------------|

Complete this worksheet only if line 18 or line 19 of Schedule D is more than zero. Otherwise, complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42) to figure your tax. Before completing this worksheet, complete Form 1040 through line 43 (or Form 1040NR through line 41).

Exception: Do not use the Qualified Dividends and Capital Gain Tax Worksheet or this worksheet to figure your tax if:

- Line 15 or line 16 of Schedule D is zero or less and you have no qualified dividends on Form 1040, line 9b (or Form 1040NR, line 10b); or
- Form 1040, line 43 (or Form 1040NR, line 41) is zero or less.

Instead, see the instructions for Form 1040, line 44 (or Form 1040NR, line 42).

1. Enter your taxable income from Form 1040, line 43 (or Form 1040NR, line 41). (However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter instead the amount from line 3 of the Foreign Earned Income Tax Worksheet in the Instructions for Form 1040, line 44) 1. 350,438.
2. Enter your qualified dividends from Form 1040, line 9b (or Form 1040NR, line 10b) 2. 2,904.
3. Enter the amount from Form 4952 (used to figure investment interest expense deduction), line 4g 3. _____
4. Enter the amount from Form 4952, line 4e* 4. _____
5. Subtract line 4 from line 3. If zero or less, enter -0- 5. _____
6. Subtract line 5 from line 2. If zero or less, enter -0-** 6. 2,904.
7. Enter the **smaller** of line 15 or line 16 of Sch. D ... 7. 9,177.
8. Enter the **smaller** of line 3 or line 4 8. _____
9. Subtract line 8 from line 7. If zero or less, enter -0-** 9. 9,177.
10. Add lines 6 and 9 10. 12,081.
11. Add lines 18 and 19 of Schedule D** 11. 4.
12. Enter the **smaller** of line 9 or line 11 12. 4.
13. Subtract line 12 from line 10 13. 12,077.
14. Subtract line 13 from line 1. If zero or less, enter -0- 14. 338,361.
15. Enter:
 - \$35,350 if single or married filing separately;
 - \$70,700 if married filing jointly or qualifying widow(er); or
 - \$47,350 if head of household
 15. 70,700.
16. Enter the **smaller** of line 1 or line 15 16. 70,700.
17. Enter the **smaller** of line 14 or line 16 17. 70,700.
18. Subtract line 10 from line 1. If zero or less, enter -0- 18. 338,357.
19. Enter the **larger** of line 17 or line 18 19. 338,357.
20. Subtract line 17 from line 16. This amount is taxed at 0% 20. _____
- If lines 1 and 16 are the same, skip lines 21 through 33 and go to line 34. Otherwise, go to line 21.
21. Enter the **smaller** of line 1 or line 13 21. 12,077.
22. Enter the amount from line 20 (if line 20 is blank, enter -0-) 22. 0.
23. Subtract line 22 from line 21. If zero or less, enter -0- 23. 12,077.
24. Multiply line 23 by 15% (.15) 24. 1,812.
- If Schedule D, line 19, is zero or blank, skip lines 25 through 30 and go to line 31. Otherwise, go to line 25.
25. Enter the **smaller** of line 9 above or Schedule D, line 19 25. 4.
26. Add lines 10 and 19 26. 350,438.
27. Enter the amount from line 1 above 27. 350,438.
28. Subtract line 27 from line 26. If zero or less, enter -0- 28. 0.
29. Subtract line 28 from line 25. If zero or less, enter -0- 29. 4.
30. Multiply line 29 by 25% (.25) 30. 1.
- If Schedule D, line 18, is zero or blank, skip lines 31 through 33 and go to line 34. Otherwise, go to line 31.
31. Add lines 19, 20, 23, and 29 31. _____
32. Subtract line 31 from line 1 32. _____
33. Multiply line 32 by 28% (.28) 33. _____
34. Figure the tax on the amount on line 19. If the amount on line 19 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet 34. 88,564.
35. Add lines 24, 30, 33, and 34 35. 90,377.
36. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet 36. 92,551.
37. Tax on all taxable income (including capital gains and qualified dividends). Enter the **smaller** of line 35 or line 36. Also include this amount on Form 1040, line 44 (or Form 1040NR, line 42). (If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Wkst in the Form 1040 instr.) 37. 90,377.

* If applicable, enter instead the smaller amount you entered on the dotted line next to line 4e of Form 4952.

** If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Wkst in the Instructions for Form 1040, line 44, before completing this line.

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/form1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No
B If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A [REDACTED]
B [REDACTED]
C [REDACTED]

| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
|----------|---------------------------------------|--|------------------|-------------------|-----|
| A | 6 | | A | | |
| B | 6 | | B | | |
| C | | | C | | |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | | Properties: | A | B | C |
|------------------|---|-------------|---------|---------|-----|
| 3 | Rents received | 3 | | | |
| 4 | Royalties received | 4 | 22,617. | 16. | |
| Expenses: | | | | | |
| 5 | Advertising | 5 | | | |
| 6 | Auto and travel (see instructions) | 6 | | | |
| 7 | Cleaning and maintenance | 7 | | | |
| 8 | Commissions | 8 | | | |
| 9 | Insurance | 9 | | | |
| 10 | Legal and other professional fees | 10 | | | |
| 11 | Management fees | 11 | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 | Other interest | 13 | | | |
| 14 | Repairs | 14 | | | |
| 15 | Supplies | 15 | | | |
| 16 | Taxes | 16 | | | |
| 17 | Utilities | 17 | | | |
| 18 | Depreciation expense or depletion | 18 | | | |
| 19 | Other (list) ▶ | 19 | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | 22,617. | 16. | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | () | () | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | 22,633. | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | 22,633. | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | () | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | 22,633. | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 1040) 2012

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

-**-*

CHRISTOPHER J & MARY P CHRISTIE**Caution.** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** **Note.** If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☒ Yes ☐ No
If you answered "Yes," see instructions before completing this section.

| 28 | (a) Name | (b) Enter P for partnership, S for S corporation | (c) Check if foreign partnership | (d) Employer identification number | (e) Check if any amount is not at risk |
|----|------------------|--|----------------------------------|------------------------------------|--|
| A | SEE STATEMENT 18 | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |

| Passive Income and Loss | | Nonpassive Income and Loss | | |
|---|---|--|---|--|
| (f) Passive loss allowed (attach Form 8582 if required) | (g) Passive income from Schedule K-1 | (h) Nonpassive loss from Schedule K-1 | (i) Section 179 expense deduction from Form 4562 | (j) Nonpassive income from Schedule K-1 |
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| 29a Totals | | | | 1,905. |
| b Totals | 21. | 3,696. | 1. | |
| 30 Add columns (g) and (j) of line 29a | | | | 30 1,905. |
| 31 Add columns (f), (h), and (i) of line 29b | | | | 31 (3,718.) |
| 32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below | | | | 32 -1,813. |

Part III Income or Loss From Estates and Trusts

| 33 | (a) Name | (b) Employer identification number |
|----|------------------|------------------------------------|
| A | SEE STATEMENT 19 | |
| B | | |

| Passive Income and Loss | | Nonpassive Income and Loss | |
|--|---|--|---------------------------------------|
| (c) Passive deduction or loss allowed (attach Form 8582 if required) | (d) Passive income from Schedule K-1 | (e) Deduction or loss from Schedule K-1 | (f) Other income from Schedule K-1 |
| A | | | |
| B | | | |
| 34a Totals | | | |
| b Totals | | | |
| 35 Add columns (d) and (f) of line 34a | | | 35 |
| 36 Add columns (c) and (e) of line 34b | | | 36 () |
| 37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below | | | 37 |

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

| 38 | (a) Name | (b) Employer identification number | (c) Excess inclusion from Schedules Q, line 2c (see instructions) | (d) Taxable income (net loss) from Schedules Q, line 1b | (e) Income from Schedules Q, line 3b |
|----|---|------------------------------------|---|---|---|
| | | | | | |
| 39 | Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below | | | | 39 |

Part V Summary * ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

| | | | |
|----|---|----|---------|
| 40 | Net farm rental income or (loss) from Form 4835. Also, complete line 42 below | 40 | |
| 41 | Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 | 41 | 20,820. |
| 42 | Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), box 14, code F (see instructions) | 42 | |
| 43 | Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules | 43 | |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2012

SCHEDULE E

Name MARY P CHRISTIE

SSN/EIN ***-**-****

Passthrough CANTOR FITZGERALD LP - CANTOR FITZGERALD LP

SPOUSE

PARTNERSHIP

_***

ID

| NONPASSIVE | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| SCHEDULE E, PAGE 2 | | | | | | | | |
| Ordinary business income (loss) | 1,804. | | | | | | | |
| Rental real estate income (loss) | | | | | | | | |
| Other net rental income (loss) | | | | | | | | |
| Intangible drilling costs/dry hole costs | | | | | | | | |
| Self-charged passive interest expense | | | | | | | | |
| Guaranteed payments | | | | | | | | |
| Section 179 and carryover | 1. | | | | | | | |
| Disallowed section 179 expense | | | | | | | | |
| Excess farm loss | | | | | | | | |
| Net income (loss) | 1,803. | | | | | | | 1,803. |
| First passive other | | | | | | | | |
| Second passive other | | | | | | | | |
| Cost depletion | | | | | | | | |
| Percentage depletion | | | | | | | | |
| Depletion carryover | | | | | | | | |
| Disallowed due to 65% limitation | | | | | | | | |
| Unreimbursed expenses (nonpassive) | | | | | | | | |
| Nonpassive other | | | | | | | | |
| Total Schedule E (page 2) | 1,803. | | | | | | | 1,803. |
| FORM 4797 | | | | | | | | |
| Section 1231 gain (loss) | | | | | | | | |
| Section 179 recapture on disposition | | | | | | | | |
| SCHEDULE D | | | | | | | | |
| Net short-term cap. gain (loss) | | | | | | | | |
| Net long-term cap. gain (loss) | 216. | | | | | | | 216. |
| Section 1256 contracts & straddles | | | | | | | | |
| FORM 4952 | | | | | | | | |
| Investment interest expense - Sch. A | | | | | | | | |
| Other net investment income | | | | | | | | |
| ITEMIZED DEDUCTIONS | | | | | | | | |
| Charitable contributions | 142. | | | | | | | 142. |
| Deductions related to portfolio income | | | | | | | | |
| Other | | | | | | | | |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2012

SCHEDULE E

Name MARY P CHRISTIE

Passthrough CANTOR FITZGERALD LP - CANTOR FITZGERALD LP

PARTNERSHIP

SSN/EIN ***-**-****

SPOUSE ***-**-****

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| NONPASSIVE | | | | | | | | |
| INTEREST AND DIVIDENDS | | | | | | | | |
| Interest income | 22. | | | | | | | 22. |
| Interest from U.S. bonds | | | | | | | | |
| Ordinary dividends | 1. | | | | | | | 1. |
| Qualified dividends | 1. | | | | | | | 1. |
| Tax-exempt interest income | | | | | | | | |
| FORM 6251 | | | | | | | | |
| Depreciation adjustment after 12/31/86 | | | | | | | | |
| Adjusted gain or loss | | | | | | | | |
| Beneficiary's AMT adjustment | | | | | | | | |
| Depletion (other than oil) | | | | | | | | |
| Other | | | | | | | | |
| MISCELLANEOUS | | | | | | | | |
| Self-employment earnings (loss)/Wages | | | | | | | | |
| Gross farming & fishing inc | | | | | | | | |
| Royalties | | | | | | | | |
| Royalty expenses/depletion | | | | | | | | |
| Undistributed capital gains credit | | | | | | | | |
| Backup withholding | | | | | | | | |
| Credit for estimated tax | | | | | | | | |
| Cancellation of debt | | | | | | | | |
| Medical insurance - 1040 | | | | | | | | |
| Dependent care benefits | | | | | | | | |
| Retirement plans | | | | | | | | |
| Qualified production activities income | | | | | | | | |
| Passthrough adjustment to Form 1040 | | | | | | | | |
| Penalty on early withdrawal of savings | | | | | | | | |
| NOL | | | | | | | | |
| Other taxes/recapture of credits | | | | | | | | |
| Credits | | | | | | | | |
| Casualty and theft loss | | | | | | | | |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2012

SCHEDULE E

Name **CHRISTOPHER J CHRISTIE**

Passthrough **THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10**

ESTATE OR TRUST

SSN/EIN ***-**-****

TAXPAYER

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| OTHER PASSIVE | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| SCHEDULE E, PAGE 2 | | | | | | | | |
| Ordinary business income (loss) | | | | | | | | |
| Rental real estate income (loss) | | | | | | | | |
| Other net rental income (loss) | | | | | | | | |
| Intangible drilling costs/dry hole costs | | | | | | | | |
| Self-charged passive interest expense | | | | | | | | |
| Guaranteed payments | | | | | | | | |
| Section 179 and carryover | | | | | | | | |
| Disallowed section 179 expense | | | | | | | | |
| Excess farm loss | | | | | | | | |
| Net income (loss) | | | | | | | | |
| First passive other | | | | | | | | |
| Second passive other | | | | | | | | |
| Cost depletion | | | | | | | | |
| Percentage depletion | | | | | | | | |
| Depletion carryover | | | | | | | | |
| Disallowed due to 65% limitation | | | | | | | | |
| Unreimbursed expenses (nonpassive) | | | | | | | | |
| Nonpassive other | | | | | | | | |
| Total Schedule E (page 2) | | | | | | | | |
| FORM 4797 | | | | | | | | |
| Section 1231 gain (loss) | | | | | | | | |
| Section 179 recapture on disposition | | | | | | | | |
| SCHEDULE D | | | | | | | | |
| Net short-term cap. gain (loss) | | | | | | | | |
| Net long-term cap. gain (loss) | | | | | | | | |
| Section 1256 contracts & straddles | | | | | | | | |
| FORM 4952 | | | | | | | | |
| Investment interest expense - Sch. A | | | | | | | | |
| Other net investment income | | | | | | | | |
| ITEMIZED DEDUCTIONS | | | | | | | | |
| Charitable contributions | | | | | | | | |
| Deductions related to portfolio income | | | | | | | | |
| Other | | | | | | | | |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name CHRISTOPHER J CHRISTIE

Passthrough THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10 - ID

ESTATE OR TRUST

SSN/EIN ***-**-****

TAXPAYER

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| OTHER PASSIVE | | | | | | | | |
| INTEREST AND DIVIDENDS | | | | | | | | |
| Interest income | | | | | | | | |
| Interest from U.S. bonds | | | | | | | | |
| Ordinary dividends | | | | | | | | |
| Qualified dividends | | | | | | | | |
| Tax-exempt interest income | | | | | | | | |
| FORM 6251 | | | | | | | | |
| Depreciation adjustment after 12/31/86 | | | | | | | | |
| Adjusted gain or loss | | | | | | | | |
| Beneficiary's AMT adjustment | | | | | | | | |
| Depletion (other than oil) | | | | | | | | |
| Other | | | | | | | | |
| MISCELLANEOUS | | | | | | | | |
| Self-employment earnings (loss)/Wages | | | | | | | | |
| Gross farming & fishing inc | | | | | | | | |
| Royalties | | | | | | | | |
| Royalty expenses/depletion | | | | | | | | |
| Undistributed capital gains credit | | | | | | | | |
| Backup withholding | | | | | | | | |
| Credit for estimated tax | | | | | | | | |
| Cancellation of debt | | | | | | | | |
| Medical insurance - 1040 | | | | | | | | |
| Dependent care benefits | | | | | | | | |
| Retirement plans | | | | | | | | |
| Qualified production activities income | | | | | | | | |
| Passthrough adjustment to Form 1040 | | | | | | | | |
| Penalty on early withdrawal of savings | | | | | | | | |
| NOL | | | | | | | | |
| Other taxes/recapture of credits | | | | | | | | |
| Credits | | | | | | | | |
| Casualty and theft loss | | | | | | | | |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name MARY P CHRISTIE

Passthrough THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10 - MA

ESTATE OR TRUST

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ESTATE OR TRUST

| OTHER PASSIVE | | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|--|-----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| SCHEDULE E, PAGE 2 | | | | | | | | | |
| Ordinary business income (loss) | | | | | | | | | |
| Rental real estate income (loss) | | | | | | | | | |
| Other net rental income (loss) | | | | | | | | | |
| Intangible drilling costs/dry hole costs | | | | | | | | | |
| Self-charged passive interest expense | | | | | | | | | |
| Guaranteed payments | | | | | | | | | |
| Section 179 and carryover | | | | | | | | | |
| Disallowed section 179 expense | | | | | | | | | |
| Excess farm loss | | | | | | | | | |
| Net income (loss) | | | | | | | | | |
| First passive other | | | | | | | | | |
| Second passive other | | | | | | | | | |
| Cost depletion | | | | | | | | | |
| Percentage depletion | | | | | | | | | |
| Depletion carryover | | | | | | | | | |
| Disallowed due to 65% limitation | | | | | | | | | |
| Unreimbursed expenses (nonpassive) | | | | | | | | | |
| Nonpassive other | | | | | | | | | |
| Total Schedule E (page 2) | | | | | | | | | |
| FORM 4797 | | | | | | | | | |
| Section 1231 gain (loss) | | | | | | | | | |
| Section 179 recapture on disposition | | | | | | | | | |
| SCHEDULE D | | | | | | | | | |
| Net short-term cap. gain (loss) | | | | | | | | | |
| Net long-term cap. gain (loss) | | | | | | | | | |
| Section 1256 contracts & straddles | | | | | | | | | |
| FORM 4952 | | | | | | | | | |
| Investment interest expense - Sch. A | | | | | | | | | |
| Other net investment income | | | | | | | | | |
| ITEMIZED DEDUCTIONS | | | | | | | | | |
| Charitable contributions | | | | | | | | | |
| Deductions related to portfolio income | | | | | | | | | |
| Other | | | | | | | | | |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name MARY P CHRISTIE

Passthrough THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED 8/25/10 - MA ID

ESTATE OR TRUST

SSN/EIN ***-**-****

SPOUSE

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| OTHER PASSIVE | | | | | | | | |
| INTEREST AND DIVIDENDS | | | | | | | | |
| Interest income | | | | | | | | |
| Interest from U.S. bonds | | | | | | | | |
| Ordinary dividends | | | | | | | | |
| Qualified dividends | | | | | | | | |
| Tax-exempt interest income | | | | | | | | |
| FORM 6251 | | | | | | | | |
| Depreciation adjustment after 12/31/86 | | | | | | | | |
| Adjusted gain or loss | | | | | | | | |
| Beneficiary's AMT adjustment | | | | | | | | |
| Depletion (other than oil) | | | | | | | | |
| Other | | | | | | | | |
| MISCELLANEOUS | | | | | | | | |
| Self-employment earnings (loss)/Wages | | | | | | | | |
| Gross farming & fishing inc | | | | | | | | |
| Royalties | | | | | | | | |
| Royalty expenses/depletion | | | | | | | | |
| Undistributed capital gains credit | | | | | | | | |
| Backup withholding | | | | | | | | |
| Credit for estimated tax | | | | | | | | |
| Cancellation of debt | | | | | | | | |
| Medical insurance - 1040 | | | | | | | | |
| Dependent care benefits | | | | | | | | |
| Retirement plans | | | | | | | | |
| Qualified production activities income | | | | | | | | |
| Passthrough adjustment to Form 1040 | | | | | | | | |
| Penalty on early withdrawal of savings | | | | | | | | |
| NOL | | | | | | | | |
| Other taxes/recapture of credits | | | | | | | | |
| Credits | | | | | | | | |
| Casualty and theft loss | | | | | | | | |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2012

SCHEDULE E

Name CHRISTOPHER J CHRISTIE

Passthrough THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST - THE CHRISTO ID *****

PARTNERSHIP

SSN/EIN

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TAXPAYER

| | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| NONPASSIVE | | | | | | | | |
| SCHEDULE E, PAGE 2 | | | | | | | | |
| Ordinary business income (loss) | | | | | | | | |
| Rental real estate income (loss) | | | | | | | | |
| Other net rental income (loss) | | | | | | | | |
| Intangible drilling costs/dry hole costs | | | | | | | | |
| Self-charged passive interest expense | | | | | | | | |
| Guaranteed payments | | | | | | | | |
| Section 179 and carryover | | | | | | | | |
| Disallowed section 179 expense | | | | | | | | |
| Excess farm loss | | | | | | | | |
| Net income (loss) | | | | | | 3,696. | | -3,696. |
| First passive other | | | | | | | | |
| Second passive other | | | | | | | | |
| Cost depletion | | | | | | | | |
| Percentage depletion | | | | | | | | |
| Depletion carryover | | | | | | | | |
| Disallowed due to 65% limitation | | | | | | | | |
| Unreimbursed expenses (nonpassive) | | | | | | | | |
| Nonpassive other | | | | | | | | |
| Total Schedule E (page 2) | | | | | | 3,696. | | -3,696. |
| FORM 4797 | | | | | | | | |
| Section 1231 gain (loss) | | | | | | | | |
| Section 179 recapture on disposition | | | | | | | | |
| SCHEDULE D | | | | | | | | |
| Net short-term cap. gain (loss) | | | | | | | | |
| Net long-term cap. gain (loss) | | | | | | | | |
| Section 1256 contracts & straddles | | | | | | | | |
| FORM 4952 | | | | | | | | |
| Investment interest expense - Sch. A | | | | | | | | |
| Other net investment income | | | | | | | | |
| ITEMIZED DEDUCTIONS | | | | | | | | |
| Charitable contributions | | | | | | | | |
| Deductions related to portfolio income | | | | | | | | |
| Other | | | | | | | | |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name CHRISTOPHER J CHRISTIE

Passthrough THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST - THE CHRISTO

PARTNERSHIP

SSN/EIN ***-**-****

TAXPAYER

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ID

| K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| NONPASSIVE | | | | | | | |
| INTEREST AND DIVIDENDS | | | | | | | |
| Interest income | | | | | | | |
| Interest from U.S. bonds | | | | | | | |
| Ordinary dividends | | | | | | | |
| Qualified dividends | | | | | | | |
| Tax-exempt interest income | | | | | | | |
| FORM 6251 | | | | | | | |
| Depreciation adjustment after 12/31/86 | | | | | | | |
| Adjusted gain or loss | | | | | | | |
| Beneficiary's AMT adjustment | | | | | | | |
| Depletion (other than oil) | | | | | | | |
| Other | | | | | | | |
| MISCELLANEOUS | | | | | | | |
| Self-employment earnings (loss)/Wages | | | | | | | |
| Gross farming & fishing inc | | | | | | | |
| Royalties | | | | | | | |
| Royalty expenses/depletion | | | | | | | |
| Undistributed capital gains credit | | | | | | | |
| Backup withholding | | | | | | | |
| Credit for estimated tax | | | | | | | |
| Cancellation of debt | | | | | | | |
| Medical insurance - 1040 | | | | | | | |
| Dependent care benefits | | | | | | | |
| Retirement plans | | | | | | | |
| Qualified production activities income | | | | | | | |
| Passthrough adjustment to Form 1040 | | | | | | | |
| Penalty on early withdrawal of savings | | | | | | | |
| NOL | | | | | | | |
| Other taxes/recapture of credits | | | | | | | |
| Credits | | | | | | | |
| Casualty and theft loss | | | | | | | |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2012

SCHEDULE E

Name MARY P CHRISTIE

SSN/EIN ***-**-****

SPOUSE

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ID

THE MARY PAT CHR

TRUST -

THE MARY PAT

CHR

PARTNERSHIP

OTHER PASSIVE

| K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| SCHEDULE E, PAGE 2 | | | | | | | |
| Ordinary business income (loss) | | | | | | | |
| Rental real estate income (loss) | | | | | | | |
| Other net rental income (loss) | -3,276. | | | | | | |
| Intangible drilling costs/dry hole costs | | | | | | | |
| Self-charged passive interest expense | | | | | | | |
| Guaranteed payments | | | | | | | |
| Section 179 and carryover | | | | | | | |
| Disallowed section 179 expense | | | | | | | |
| Excess farm loss | | | | | | | |
| Net income (loss) | -3,276. | | | | 2,712. | 5,967. | -21. |
| First passive other | | | | | | | |
| Second passive other | | | | | | | |
| Cost depletion | | | | | | | |
| Percentage depletion | | | | | | | |
| Depletion carryover | | | | | | | |
| Disallowed due to 65% limitation | | | | | | | |
| Unreimbursed expenses (nonpassive) | | | | | | | |
| Nonpassive other | 101. | | | | | | 101. |
| Total Schedule E (page 2) | -3,175. | | | | 2,712. | 5,967. | 80. |
| FORM 4797 | | | | | | | |
| Section 1231 gain (loss) | 21. | | | | | | 21. |
| Section 179 recapture on disposition | | | | | | | |
| SCHEDULE D | | | | | | | |
| Net short-term cap. gain (loss) | 1,415. | | | | | | 1,415. |
| Net long-term cap. gain (loss) | 6,982. | | | | | | 6,982. |
| Section 1256 contracts & straddles | 545. | | | | | | 545. |
| FORM 4952 | | | | | | | |
| Investment interest expense - Sch. A | 3,000. | | | | | | 3,000. |
| Other net investment income | 101. | | | | | | 101. |
| ITEMIZED DEDUCTIONS | | | | | | | |
| Charitable contributions | | | | | | | |
| Deductions related to portfolio income | 5,197. | | | | | | 5,197. |
| Other | | | | | | | |

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2012

SCHEDULE E

Name MARY P CHRISTIE

SSN/EIN ***-**-****

Passthrough THE MARY PAT CHRISTIE 2010 BLIND TRUST - THE MARY PAT CHR ID **-*****

SPOUSE

PARTNERSHIP

| OTHER PASSIVE | K-1 Input | Prior Year Unallowed Basis Loss | Disallowed Due to Basis Limitation | Prior Year Unallowed At-Risk Loss | Disallowed Due to At-Risk | Prior Year Passive Loss | Disallowed Passive Loss | Tax Return |
|--|-----------|---------------------------------|------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------------|------------|
| INTEREST AND DIVIDENDS | | | | | | | | |
| Interest income | | | | | | | | |
| Interest from U.S. bonds | | | | | | | | |
| Ordinary dividends | | | | | | | | |
| Qualified dividends | | | | | | | | |
| Tax-exempt interest income | | | | | | | | |
| FORM 6251 | | | | | | | | |
| Depreciation adjustment after 12/31/86 | 3. | | | | | | | 3. |
| Adjusted gain or loss | | | | | | | | |
| Beneficiary's AMT adjustment | | | | | | | | |
| Depletion (other than oil) | | | | | | | | |
| Other | 20. | | | | | | | 20. |
| MISCELLANEOUS | | | | | | | | |
| Self-employment earnings (loss)/Wages | | | | | | | | |
| Gross farming & fishing inc | | | | | | | | |
| Royalties | | | | | | | | |
| Royalty expenses/depletion | | | | | | | | |
| Undistributed capital gains credit | | | | | | | | |
| Backup withholding | | | | | | | | |
| Credit for estimated tax | | | | | | | | |
| Cancellation of debt | | | | | | | | |
| Medical insurance - 1040 | | | | | | | | |
| Dependent care benefits | | | | | | | | |
| Retirement plans | | | | | | | | |
| Qualified production activities income | | | | | | | | |
| Passthrough adjustment to Form 1040 | | | | | | | | |
| Penalty on early withdrawal of savings | | | | | | | | |
| NOL | | | | | | | | |
| Other taxes/recapture of credits | | | | | | | | |
| Credits | | | | | | | | |
| Casualty and theft loss | | | | | | | | |

Schedule E - Two-Year Comparison Worksheet

2012

Property Name:

MCNEIL PPC INC - ROYALTIES - [REDACTED]

| Description | Tax Year 2011 | Tax Year 2012 | Increase (Decrease) |
|--------------------|------------------|------------------|------------------------|
| INCOME | | | |
| ROYALTIES RECEIVED | 22,557. | 22,617. | 60. |
| INCOME OR (LOSS) | 22,557. | 22,617. | 60. |

Schedule E - Two-Year Comparison Worksheet

2012

Property Name:

THE MARY PAT CHRISTIE 2010 BLIND TRUST - [REDACTED]

| Description | Tax Year 2011 | Tax Year 2012 | Increase (Decrease) |
|--------------------|------------------|------------------|------------------------|
| INCOME | | | |
| ROYALTIES RECEIVED | 9. | 16. | 7. |
| INCOME OR (LOSS) | 9. | 16. | 7. |

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

2012

Attachment
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Name

CHRISTOPHER J & MARY P CHRISTIE

Identifying number as shown on page 1 of your tax return

-**-*

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Passive category income c ☐ Section 901(j) income e ☐ Lump-sum distributions
b ☒ General category income d ☐ Certain income re-sourced by treaty

f Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

| | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|------------------------------------|---|---|-----------------------------------|
| | A | B | C | |
| g Enter the name of the foreign country or U.S. possession ▶ OTHER COUNTRIES | | | | |
| 1a Gross income from sources within country shown above and of the type checked above: | 5,880. | | | 1a 5,880. |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 21 | 4,232. | | | |
| 3 Pro rata share of other deductions not definitely related: | 73,407. | | | |
| a Certain itemized deductions or standard deduction | | | | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 73,407. | | | |
| d Gross foreign source income | 5,880. | | | |
| e Gross income from all sources | 491,097. | | | |
| f Divide line 3d by line 3e | .011973 | | | |
| g Multiply line 3c by line 3f | 879. | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use worksheet for Home Mortgage Interest in the instructions) | 96. | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 5,207. | | | 6 5,207. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 673. |

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 20

| Country | Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued (j) Date paid or accrued | Foreign taxes paid or accrued | | | | | | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|---------|--|-------------------------------|-------------------------|--------------|---|---------------|-------------------------|---|---|
| | | In foreign currency | | | In U.S. dollars | | | | |
| | | Taxes withheld at source on: | | | Taxes withheld at source on: | | | | |
| | | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties | | |
| A | | | | | | 15. | | 208. | 223. |
| B | | | | | | | | | |
| C | | | | | | | | | |

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ **8** 223.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2012)

Part III Figuring the Credit

| | | | |
|---|-----------|----------|---------|
| 9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 223. | |
| 10 Carryback or carryover (attach detailed computation) | 10 | | |
| 11 Add lines 9 and 10 | 11 | 223. | |
| 12 Reduction in foreign taxes | 12 | | |
| 13 Taxes reclassified under high tax kickout | 13 | | |
| 14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 223. |
| 15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I | 15 | 673. | |
| 16 Adjustments to line 15 | 16 | | |
| 17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 673. | |
| 18 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption | 18 | 366,336. | |
| Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | .001837 |
| 20 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 | 20 | | 90,377. |
| Caution: If you are completing line 20 for separate category (lump-sum distributions), see instructions. | | | |
| 21 Multiply line 20 by line 19 (maximum amount of credit) | 21 | | 166. |
| 22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV | 22 | | 166. |

Part IV Summary of Credits From Separate Parts III

| | | | |
|---|-----------|--|------|
| 23 Credit for taxes on passive category income | 23 | | |
| 24 Credit for taxes on general category income | 24 | | |
| 25 Credit for taxes on certain income re-sourced by treaty | 25 | | |
| 26 Credit for taxes on lump-sum distributions | 26 | | |
| 27 Add lines 23 through 26 | 27 | | |
| 28 Enter the smaller of line 20 or line 27 | 28 | | 166. |
| 29 Reduction of credit for international boycott operations | 29 | | |
| 30 Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | 30 | | 166. |

Form **2441**Department of the Treasury
Internal Revenue Service (99)**Child and Dependent Care Expenses**

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Form 2441 and its separate instructions is at
www.irs.gov/form2441.

OMB No. 1545-0074

2012Attachment
Sequence No. **21**

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-**

Part I **Persons or Organizations Who Provided the Care** - You must complete this part.
(If you have more than two care providers, see the instructions.)

| 1 | (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Amount paid |
|---|--------------------------|--|--|-----------------|
| | | | ***-**-***** | 12,205. |

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

Part II **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

| (a) Qualifying person's name | | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2012 for the person listed in column (a) |
|------------------------------|----------|--|--|
| First | Last | | |
| PATRICK | CHRISTIE | ***-**-***** | 7,500. |
| BRIDGET | CHRISTIE | ***-**-***** | 4,705. |

| | | | |
|---|-----------------|----------|----------|
| 3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 | COL (C) LIMITED | 3 | 1,000. |
| 4 Enter your earned income . See instructions | | 4 | 161,811. |
| 5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4 | | 5 | 263,277. |
| 6 Enter the smallest of line 3, 4, or 5 | | 6 | 1,000. |
| 7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 | 7 | | 478,977. |
| 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7 | | | |

If line 7 is:

| Over | But not over | Decimal amount is |
|-----------------|--------------|-------------------|
| \$0 - 15,000 | | .35 |
| 15,000 - 17,000 | | .34 |
| 17,000 - 19,000 | | .33 |
| 19,000 - 21,000 | | .32 |
| 21,000 - 23,000 | | .31 |
| 23,000 - 25,000 | | .30 |
| 25,000 - 27,000 | | .29 |
| 27,000 - 29,000 | | .28 |

If line 7 is:

| Over | But not over | Decimal amount is |
|-------------------|--------------|-------------------|
| \$29,000 - 31,000 | | .27 |
| 31,000 - 33,000 | | .26 |
| 33,000 - 35,000 | | .25 |
| 35,000 - 37,000 | | .24 |
| 37,000 - 39,000 | | .23 |
| 39,000 - 41,000 | | .22 |
| 41,000 - 43,000 | | .21 |
| 43,000 - No limit | | .20 |

| | | | |
|--|--------------|-----------|----------|
| 9 Multiply line 6 by the decimal amount on line 8. If you paid 2011 expenses in 2012, see the instructions | | 9 | 200. |
| 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions | STATEMENT 23 | 10 | 118,928. |
| 11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46 | | 11 | 200. |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **2441** (2012)

Part III Dependent Care Benefits

| | | |
|--|----|----------|
| 12 Enter the total amount of dependent care benefits you received in 2012. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership | 12 | 5,000. |
| 13 Enter the amount, if any, you carried over from 2011 and used in 2012 during the grace period. See instructions | 13 | |
| 14 Enter the amount, if any, you forfeited or carried forward to 2013. See instructions | 14 | () |
| 15 Combine lines 12 through 14. See instructions | 15 | 5,000. |
| 16 Enter the total amount of qualified expenses incurred in 2012 for the care of the qualifying person(s) | 16 | 12,205. |
| 17 Enter the smaller of line 15 or 16 | 17 | 5,000. |
| 18 Enter your earned income . See instructions | 18 | 161,811. |
| 19 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. | 19 | 263,277. |
| 20 Enter the smallest of line 17, 18, or 19 | 20 | 5,000. |
| 21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19) | 21 | 5,000. |
| 22 Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here | 22 | 0. |
| 23 Subtract line 22 from line 15 | 23 | 5,000. |
| 24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions | 24 | |
| 25 Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21 | 25 | 5,000. |
| 26 Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB" | 26 | 0. |

To claim the child and dependent care credit,
complete lines 27 through 31 below.

| | | |
|---|----|--------|
| 27 Enter \$3,000 (\$6,000 if two or more qualifying persons) | 27 | 6,000. |
| 28 Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25 | 28 | 5,000. |
| 29 Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2011 expenses in 2012, see the instructions for line 9 | 29 | 1,000. |
| 30 Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here | 30 | 7,205. |
| 31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11 | 31 | 1,000. |

Form 2441 (2012)

General Business Credit

► Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.
► Attach to your tax return.

OMB No. 1545-0895

2012
Attachment
Sequence No. **22**

CHRISTOPHER J & MARY P CHRISTIE

Identifying number

-**-*

Part I **Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**
(See instructions and complete Part(s) III before Parts I and II)

| | | | |
|---|--|---|-----|
| 1 | General business credit from line 2 of all Parts III with box A checked | 1 | |
| 2 | Passive activity credits from line 2 of all Parts III with box B checked | 2 | |
| 3 | Enter the applicable passive activity credits allowed for 2012 (see instructions) | 3 | |
| 4 | Carryforward of general business credit to 2012. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach | 4 | 39. |
| 5 | Carryback of general business credit from 2013. Enter the amount from line 2 of Part III with box D checked | 5 | |
| 6 | Add lines 1, 3, 4, and 5 | 6 | 39. |

Part II **Allowable Credit**

| | | | |
|-----|--|-----|----------|
| 7 | Regular tax before credits: • Individuals. Enter the amount from Form 1040, line 44, or Form 1040NR, line 42 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return | 7 | 90,377. |
| 8 | Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 • Corporations. Enter the amount from Form 4626, line 14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 | 8 | 28,717. |
| 9 | Add lines 7 and 8 | 9 | 119,094. |
| 10a | Foreign tax credit | 10a | 166. |
| b | Certain allowable credits (see instructions) | 10b | 200. |
| c | Add lines 10a and 10b | 10c | 366. |
| 11 | Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16a | 11 | 118,728. |
| 12 | Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- | 12 | 90,011. |
| 13 | Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions) | 13 | 16,253. |
| 14 | Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 • Corporations. Enter the amount from Form 4626, line 12 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 | 14 | 118,928. |
| 15 | Enter the greater of line 13 or line 14 | 15 | 118,928. |
| 16a | Subtract line 15 from line 11. If zero or less, enter -0- | 16a | 0. |
| b | Reserved | 16b | |
| c | Reserved | 16c | |
| 17a | Enter the smaller of line 6 or line 16a C corporations: See the line 17a instructions if there has been an ownership change, acquisition, or reorganization. | 17a | 0. |
| b | Reserved | 17b | |
| c | Reserved | 17c | |

Part II Allowable Credit (Continued)**Note.** If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

| | | | |
|----|--|----|----------|
| 18 | Multiply line 14 by 75% (.75) (see instructions) | 18 | |
| 19 | Enter the greater of line 13 or line 18 | 19 | |
| 20 | Subtract line 19 from line 11. If zero or less, enter -0- | 20 | |
| 21 | Subtract line 17a from line 20. If zero or less, enter -0- | 21 | |
| 22 | Combine the amounts from line 3 of all Parts III with box A, C, or D checked | 22 | |
| 23 | Passive activity credit from line 3 of all Parts III with box B checked | 23 | |
| 24 | Enter the applicable passive activity credit allowed for 2012 (see instructions) | 24 | |
| 25 | Add lines 22 and 24 | 25 | |
| 26 | Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 | 26 | 0. |
| 27 | Subtract line 13 from line 11. If zero or less, enter -0- | 27 | 102,475. |
| 28 | Add lines 17a and 26 | 28 | |
| 29 | Subtract line 28 from line 27. If zero or less, enter -0- | 29 | 102,475. |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked | 30 | |
| 31 | Enter the total eligible small business credit from line 6 of all Parts III with box E checked | 31 | |
| 32 | Passive activity credits from line 5 of all Parts III with box B checked and line 6 of all Parts III with box F checked | 32 | |
| 33 | Enter the applicable passive activity credits allowed for 2012 (see instructions) | 33 | |
| 34 | Carryforward of business credit to 2012. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach | 34 | |
| 35 | Carryback of business credit from 2013. Enter the amount from line 5 of Part III with box D checked and line 6 of Part III with box H checked (see instructions) | 35 | |
| 36 | Add lines 30, 31, 33, 34, and 35 | 36 | |
| 37 | Enter the smaller of line 29 or line 36 | 37 | |
| 38 | Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: <ul style="list-style-type: none"> • Individuals. Form 1040, line 53, or Form 1040NR, line 50 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b | 38 | |

Name(s) shown on return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- A** ☐ General Business Credit From a Non-Passive Activity **E** ☐ Eligible Small Business Credit From a Non-Passive Activity
B ☐ General Business Credit From a Passive Activity **F** ☐ Eligible Small Business Credit From a Passive Activity
C ☒ General Business Credit Carryforwards **G** ☐ Eligible Small Business Credit Carryforwards
D ☐ General Business Credit Carrybacks **H** ☐ Eligible Small Business Credit Carrybacks

I If you are filing more than one Part III with box A, B, E, or F checked, complete and attach first an additional Part III combining amounts from all Parts III with box A, B, E, or F checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. | (b) if claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount |
|---|---|-------------------------------------|
| 1a Investment (Form 3468, Part II only) (attach Form 3468) | 1a | |
| b Reserved | 1b | |
| c Increasing research activities (Form 6765) | 1c | |
| d Low-income housing (Form 8586, Part I only) | 1d | |
| e Disabled access (Form 8826) (see instructions for limitation) | 1e | |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | |
| g Indian employment (Form 8845) | 1g | |
| h Orphan drug (Form 8820) | 1h | |
| i New markets (Form 8874) | 1i | |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1j | |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) | 1k | |
| l Biodiesel and renewable diesel fuels (attach Form 8864) | 1l | |
| m Low sulfur diesel fuel production (Form 8896) | 1m | |
| n Distilled spirits (Form 8906) | 1n | |
| o Nonconventional source fuel (Form 8907) | 1o | |
| p Energy efficient home (Form 8908) | 1p | |
| q Energy efficient appliance (Form 8909) | 1q | |
| r Alternative motor vehicle (Form 8910) | 1r | |
| s Alternative fuel vehicle refueling property (Form 8911) | 1s | |
| t Reserved | 1t | |
| u Mine rescue team training (Form 8923) | 1u | |
| v Agricultural chemicals security (Form 8931) (see instructions for limitation) | 1v | |
| w Employer differential wage payments (Form 8932) | 1w | |
| x Carbon dioxide sequestration (Form 8933) | 1x | |
| y Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | |
| z Qualified plug-in electric vehicle (Form 8834, Part I only) | 1z | |
| aa New hire retention (Form 5884-B) | 1aa | |
| bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) | 1bb | 39. |
| zz Other | 1zz | |
| 2 Add lines 1a through 1zz and enter here | 2 | 39. |
| 3 Enter the amount from Form 8844 | 3 | |
| 4a Investment (Form 3468, Part III) (attach Form 3468) | 4a | |
| b Work opportunity (Form 5884) | 4b | |
| c Alcohol and cellulosic biofuel fuels (Form 6478) | 4c | |
| d Low-income housing (Form 8586, Part II) | 4d | |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | |
| g Qualified railroad track maintenance (Form 8900) | 4g | |
| h Small employer health insurance premiums (Form 8941) | 4h | |
| i Reserved | 4i | |
| j Reserved | 4j | |
| z Other | 4z | |
| 5 Add lines 4a through 4z and enter here | 5 | |
| 6 Add lines 2, 3, and 5 | 6 | 39. |

Form **4797**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

OMB No. 1545-0184

2012Attachment
Sequence No. **27**▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Identifying number

-**-*

CHRISTOPHER J & MARY P CHRISTIE**1** Enter the gross proceeds from sales or exchanges reported to you for 2012 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20 **1****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

| (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| 2 THE MARY PAT CHRISTIE 2010 BLIND TRUST | | | | | | 21. |

- 3** Gain, if any, from Form 4684, line 39 **3**
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 **4**
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 **5**
- 6** Gain, if any, from line 32, from other than casualty or theft **6**
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7 21.**

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years (see instructions) **8**
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) **9**

Part II Ordinary Gains and Losses (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | |
|--------------------------------------|--|--|--|--|--|---------------|
| MARY PAT CHRISTIE BLIND TRUST | | | | | | 3,459. |
|--------------------------------------|--|--|--|--|--|---------------|

- 11** Loss, if any, from line 7 **11**
- 12** Gain, if any, from line 7 or amount from line 8, if applicable **12**
- 13** Gain, if any, from line 31 **13**
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a **14**
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 **16**
- 17** Combine lines 10 through 16 **17 3,459.**

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions **18a****b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 **18b 3,459.**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2012)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|---|--------------------------------------|----------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B |
| | | Property C | Property D |
| 20 | Gross sales price (Note: See line 1 before completing.) | 20 | |
| 21 | Cost or other basis plus expense of sale | 21 | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | |
| 25 | If section 1245 property: | | |
| a | Depreciation allowed or allowable from line 22 | 25a | |
| b | Enter the smaller of line 24 or 25a | 25b | |
| 26 | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | |
| a | Additional depreciation after 1975 (see instructions) | 26a | |
| b | Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) | 26b | |
| c | Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e | 26c | |
| d | Additional depreciation after 1969 and before 1976 | 26d | |
| e | Enter the smaller of line 26c or 26d | 26e | |
| f | Section 291 amount (corporations only) | 26f | |
| g | Add lines 26b, 26e, and 26f | 26g | |
| 27 | If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). | | |
| a | Soil, water, and land clearing expenses | 27a | |
| b | Line 27a multiplied by applicable percentage | 27b | |
| c | Enter the smaller of line 24 or 27b | 27c | |
| 28 | If section 1254 property: | | |
| a | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions) | 28a | |
| b | Enter the smaller of line 24 or 28a | 28b | |
| 29 | If section 1255 property: | | |
| a | Applicable percentage of payments excluded from income under section 126 (see instructions) | 29a | |
| b | Enter the smaller of line 24 or 29a (see instructions) | 29b | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | | |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

| | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 |
| 34 | Recomputed depreciation (see instructions) | 34 |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 |

Alternative Minimum Tax - Individuals

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2012

Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I Alternative Minimum Taxable Income

| | | |
|---|----|------------------|
| 1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) | 1 | 373,238. |
| 2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0- | 2 | |
| 3 Taxes from Schedule A (Form 1040), line 9 | 3 | 73,407. |
| 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line | 4 | |
| 5 Miscellaneous deductions from Schedule A (Form 1040), line 27 | 5 | |
| 6 Skip this line. It is reserved for future use | 6 | |
| 7 Tax refund from Form 1040, line 10 or line 21 | 7 | |
| 8 Investment interest expense (difference between regular tax and AMT) | 8 | |
| 9 Depletion (difference between regular tax and AMT) | 9 | |
| 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount | 10 | |
| 11 Alternative tax net operating loss deduction | 11 | |
| 12 Interest from specified private activity bonds exempt from the regular tax | 12 | SEE STATEMENT 26 |
| 13 Qualified small business stock (7% of gain excluded under section 1202) | 13 | 1,272. |
| 14 Exercise of incentive stock options (excess of AMT income over regular tax income) | 14 | |
| 15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 15 | |
| 16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | 16 | |
| 17 Disposition of property (difference between AMT and regular tax gain or loss) | 17 | |
| 18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 18 | |
| 19 Passive activities (difference between AMT and regular tax income or loss) | 19 | SEE STATEMENT 24 |
| 20 Loss limitations (difference between AMT and regular tax income or loss) | 20 | 0. |
| 21 Circulation costs (difference between regular tax and AMT) | 21 | |
| 22 Long-term contracts (difference between AMT and regular tax income) | 22 | |
| 23 Mining costs (difference between regular tax and AMT) | 23 | |
| 24 Research and experimental costs (difference between regular tax and AMT) | 24 | |
| 25 Income from certain installment sales before January 1, 1987 | 25 | |
| 26 Intangible drilling costs preference | 26 | |
| 27 Other adjustments, including income-based related adjustments | 27 | |
| 28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately, see instructions.) | 28 | 447,917. |

Part II Alternative Minimum Tax (AMT)

| | | | |
|--|----|------------------|----------|
| 29 Exemption. See instructions | 29 | SEE STATEMENT 25 | 4,271. |
| 30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 | 30 | | 443,646. |
| 31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. | 31 | | 119,151. |
| 32 Alternative minimum tax foreign tax credit (see instructions) | 32 | | 223. |
| 33 Tentative minimum tax. Subtract line 32 from line 31 | 33 | | 118,928. |
| 34 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J | 34 | | 90,211. |
| 35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | 35 | | 28,717. |

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 6251 (2012)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

| | | | |
|--|---|----|----------|
| 36 | Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31 | 36 | 443,646. |
| 37 | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 37 | 12,077. |
| 38 | Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 38 | 4. |
| 39 | If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 39 | 12,081. |
| 40 | Enter the smaller of line 36 or line 39 | 40 | 12,081. |
| 41 | Subtract line 40 from line 36 | 41 | 431,565. |
| 42 | If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | 42 | 117,338. |
| 43 | Enter: <ul style="list-style-type: none"> • \$70,700 if married filing jointly or qualifying widow(er), • \$35,350 if single or married filing separately, or • \$47,350 if head of household. | 43 | 70,700. |
| 44 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0- | 44 | 338,361. |
| 45 | Subtract line 44 from line 43. If zero or less, enter -0- | 45 | 0. |
| 46 | Enter the smaller of line 36 or line 37 | 46 | 12,077. |
| 47 | Enter the smaller of line 45 or line 46 | 47 | |
| 48 | Subtract line 47 from line 46 | 48 | 12,077. |
| 49 | Multiply line 48 by 15% (.15) | 49 | 1,812. |
| If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50. | | | |
| 50 | Subtract line 46 from line 40 | 50 | 4. |
| 51 | Multiply line 50 by 25% (.25) | 51 | 1. |
| 52 | Add lines 42, 49, and 51 | 52 | 119,151. |
| 53 | If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | 53 | 120,721. |
| 54 | Enter the smaller of line 52 or line 53 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31 | 54 | 119,151. |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s) | | Adjustment | | | | Social Security Number |
|---------------------------------|--|---|--------------------|--------------------|---|------------------------|
| CHRISTOPHER J & MARY P CHRISTIE | | | | | | ***-**-**** |
| Form Name | Description | Income | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 |
| 4797 | THE MARY PAT CHRISTIE 2010 BLIND TRUST * REGULAR INCOME * AMT NET INCOME | 21. 21. | | | | |
| K1- | THE MARY PAT CHRISTIE 2010 BLIND TRUST * REGULAR INCOME PAL CARRYOVER AMT PAL CARRYOVER AMT ADJUSTMENTS PAL DISALLOWED AMT PAL DISALLOWED * AMT NET INCOME | -21. 2,712. -2,712. 23. -5,967. 5,944. -21. | | | 2,712. -2,712. 23. -5,967. 5,944. | |
| | ** TOTAL ADJ & PREF ** | | | | 0. | |

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

2012

Attachment
Sequence No. 19

Form

1116

Department of the Treasury
Internal Revenue Service (99)▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Name

Identifying number as shown on page 1 of your tax return

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Passive category income c ☐ Section 901(j) income e ☐ Lump-sum distributions
 b ☒ General category income d ☐ Certain income re-sourced by treaty

f Resident of (name of country) ▶ UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

| | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|------------------------------------|---|---|-----------------------------------|
| | A | B | C | |
| g Enter the name of the foreign country or U.S. possession OTHER COUNTRIES | | | | |
| 1a Gross income from sources within country shown above and of the type checked above: | 5,880. | | | 1a 5,880. |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | 4,232. | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | | | | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | | | | |
| d Gross foreign source income | 5,880. | | | |
| e Gross income from all sources | 492,369. | | | |
| f Divide line 3d by line 3e | .011942 | | | |
| g Multiply line 3c by line 3f | | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use worksheet for Home Mortgage Interest in the instructions) | 96. | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 4,328. | | | 6 4,328. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 1,552. |

Part II Foreign Taxes Paid or Accrued

| Country | Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued (j) Date paid or accrued | Foreign taxes paid or accrued | | | | | | | | |
|---------|--|-------------------------------|-------------------------|--------------|---|---------------|-------------------------|---|---|--------------|
| | | In foreign currency | | | In U.S. dollars | | | | | |
| | | Taxes withheld at source on: | | | Taxes withheld at source on: | | | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) | |
| | | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties | | | (q) Interest |
| A | | | | | | 15. | | | 208. | 223. |
| B | | | | | | | | | | |
| C | | | | | | | | | | |

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 **8** 223.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2012)

ALTERNATIVE MINIMUM TAX

Form 1116 (2012) **CHRISTOPHER J & MARY P CHRISTIE**

*** - ** - ***** Page 2

Part III Figuring the Credit

| | | | |
|---|-----------|----------|----------|
| 9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 223. | |
| 10 Carryback or carryover (attach detailed computation) | 10 | | |
| 11 Add lines 9 and 10 | 11 | 223. | |
| 12 Reduction in foreign taxes | 12 | | |
| 13 Taxes reclassified under high tax kickout | 13 | | |
| 14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 223. |
| 15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I | 15 | 1,552. | |
| 16 Adjustments to line 15 | 16 | | |
| 17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 1,552. | |
| 18 Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption | 18 | 442,310. | |
| Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | .003509 |
| 20 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 | 20 | | 119,151. |
| Caution: If you are completing line 20 for separate category (lump-sum distributions), see instructions. | | | |
| 21 Multiply line 20 by line 19 (maximum amount of credit) | 21 | | 418. |
| 22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV | 22 | | 223. |

Part IV Summary of Credits From Separate Parts III

| | | | |
|---|-----------|--|------|
| 23 Credit for taxes on passive category income | 23 | | |
| 24 Credit for taxes on general category income | 24 | | |
| 25 Credit for taxes on certain income re-sourced by treaty | 25 | | |
| 26 Credit for taxes on lump-sum distributions | 26 | | |
| 27 Add lines 23 through 26 | 27 | | |
| 28 Enter the smaller of line 20 or line 27 | 28 | | 223. |
| 29 Reduction of credit for international boycott operations | 29 | | |
| 30 Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | 30 | | 223. |

Form 1116 (2012)

**SCHEDULE H
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ **Attach to Form 1040, 1040NR, 1040-SS, or 1041.**▶ **See separate instructions.**

OMB No. 1545-1971

2012
Attachment
Sequence No. **44**

Name of employer

Social security number

-**-*

Employer identification number

-***

CHRISTOPHER J & MARY P CHRISTIE

A Did you pay **any one** household employee cash wages of \$1,800 or more in 2012? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

☒ **Yes.** Skip lines B and C and go to line 1.☐ **No.** Go to line B.

B Did you withhold federal income tax during 2012 for any household employee?

☐ **Yes.** Skip line C and go to line 5.☐ **No.** Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2011 or 2012 to **all** household employees?
(Do not count cash wages paid in 2011 or 2012 to your spouse, your child under age 21, or your parent.)

☐ **No.** Stop. Do not file this schedule.☐ **Yes.** Skip lines 1-7 and go to line 8. (Calendar year taxpayers having no household employees in 2012 do not have to complete this form for 2012.)**Part I Social Security, Medicare, and Federal Income Taxes**

| | | | |
|---|----------|----------------|---------------|
| 1 Total cash wages subject to social security taxes | 1 | 28,732. | |
| 2 Social security taxes. Multiply line 1 by 10.4% (.104) | 2 | | 2,988. |
| 3 Total cash wages subject to Medicare taxes | 3 | 28,732. | |
| 4 Medicare taxes. Multiply line 3 by 2.9% (.029) | 4 | | 833. |
| 5 Federal income tax withheld, if any | 5 | | 616. |
| 6 Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5 | 6 | | 4,437. |

7 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2011 or 2012 to **all** household employees?
(Do not count cash wages paid in 2011 or 2012 to your spouse, your child under age 21, or your parent.)

☐ **No.** Stop. Include the amount from line 6 above on Form 1040, line 59a. If you are not required to file Form 1040, see the line 7 instructions.☒ **Yes.** Go to line 8.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule H (Form 1040) 2012

Part II Federal Unemployment (FUTA) Tax

| | Yes | No |
|---|-----|----|
| 8 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.") | | X |
| 9 Did you pay all state unemployment contributions for 2012 by April 15, 2013? Fiscal year filers see instructions | X | |
| 10 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? | X | |

Next: If you checked the "Yes" box on **all** the lines above, complete Section A.

If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

Section A

| | |
|---|----|
| 11 Name of the state where you paid unemployment contributions | |
| 12 Contributions paid to your state unemployment fund | 12 |
| 13 Total cash wages subject to FUTA tax | 13 |
| 14 FUTA tax. Multiply line 13 by .6% (.006). Enter the result here, skip Section B, and go to line 23 | 14 |

Section B

15 Complete all columns below that apply (if you need more space, see instructions):

| (a) Name of state | (b) Taxable wages (as defined in state act) | (c) State experience rate period | | (d) State experience rate | (e) Multiply col. (b) by .054 | (f) Multiply col. (b) by col. (d) | (g) Subtract col. (f) from col. (e). If zero or less, enter -0- | (h) Contributions paid to state unemployment fund |
|----------------------------|---|--|----------|------------------------------------|-------------------------------------|---|---|---|
| | | From | To | | | | | |
| NJ | 28,732. | 01/01/12 | 12/31/12 | .0108 | 1,552. | 310. | 1,242. | 311. |

| | | | |
|--|----|--------|--------|
| 16 Totals | 16 | 1,242. | 311. |
| 17 Add columns (g) and (h) of line 16 | 17 | 1,553. | |
| 18 Total cash wages subject to FUTA tax (see the line 13 instructions) | 18 | | 7,000. |
| 19 Multiply line 18 by 6.0% (.060) | 19 | | 420. |
| 20 Multiply line 18 by 5.4% (.054) | 20 | 378. | |
| 21 Enter the smaller of line 17 or line 20 (Employers in a credit reduction state must use the worksheet and check here) | 21 | | 336. |
| 22 FUTA tax. Subtract line 21 from line 19. Enter the result here and go to line 23 | 22 | | 84. |

Part III Total Household Employment Taxes

| | | |
|--|----|--------|
| 23 Enter the amount from line 6. If you checked the "Yes" box on line C of page 1, enter -0- | 23 | 4,437. |
| 24 Add line 14 (or line 22) and line 23 | 24 | 4,521. |

25 Are you required to file Form 1040?

☒ **Yes.** Stop. Include the amount from line 24 above on Form 1040, line 59a. **Do not** complete Part IV below.

☐ **No.** You may have to complete Part IV. See instructions for details.

Part IV Address and Signature - Complete this part only if required. See the line 25 instructions.

| | |
|--|--------------------------|
| Address (number and street) or P.O. box if mail is not delivered to street address | Apt., room, or suite no. |
| City, town or post office, state, and ZIP code | |

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|----------------------------|----------------------|
| Paid Preparer Use Only | Employer's signature | Date |
| | Print/Type preparer's name | Preparer's signature |
| | Firm's name | Firm's EIN |
| | Firm's address | Phone no. |

Investment Interest Expense Deduction► Information about Form 4952 and its instructions is at www.irs.gov/form4952.

► Attach to your tax return.

2012Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I Total Investment Interest Expense

| | | | |
|----------|--|----------|---------------|
| 1 | Investment interest expense paid or accrued in 2012 (see instructions) SEE STATEMENT 29 | 1 | 3,017. |
| 2 | Disallowed investment interest expense from 2011 Form 4952, line 7 | 2 | |
| 3 | Total investment interest expense. Add lines 1 and 2 | 3 | 3,017. |

Part II Net Investment Income

| | | | | |
|-----------|---|-----------|----------------|--|
| 4a | Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 30 | 4a | 36,191. | |
| b | Qualified dividends included on line 4a | 4b | 2,904. | |
| c | Subtract line 4b from line 4a | 4c | 33,287. | |
| d | Net gain from the disposition of property held for investment | 4d | 16,132. | |
| e | Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions) STMT 31 | 4e | 9,156. | |
| f | Subtract line 4e from line 4d | 4f | 6,976. | |
| g | Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) | 4g | | |
| h | Investment income. Add lines 4c, 4f, and 4g | 4h | 40,263. | |
| 5 | Investment expenses (see instructions) | 5 | | |
| 6 | Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0- | 6 | 40,263. | |

Part III Investment Interest Expense Deduction

| | | | |
|----------|---|----------|---------------|
| 7 | Disallowed investment interest expense to be carried forward to 2013. Subtract line 6 from line 3. If zero or less, enter -0- | 7 | 0. |
| 8 | Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions STMT 32 | 8 | 3,017. |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2012)

ALTERNATIVE MINIMUM TAX

Form **4952**Department of the Treasury
Internal Revenue Service (99)**Investment Interest Expense Deduction**► Information about Form 4952 and its instructions is at www.irs.gov/form4952.

► Attach to your tax return.

OMB No. 1545-0191

2012Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I Total Investment Interest Expense

| | | | | |
|---|--|------------------|---|--------|
| 1 | Investment interest expense paid or accrued in 2012 (see instructions) | SEE STATEMENT 33 | 1 | 3,017. |
| 2 | Disallowed investment interest expense from 2011 Form 4952, line 7 | | 2 | |
| 3 | Total investment interest expense. Add lines 1 and 2 | | 3 | 3,017. |

Part II Net Investment Income

| | | | | | |
|----|--|----|---------|----|---------|
| 4a | Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) | 4a | 37,463. | | |
| | | 4b | 2,904. | | |
| c | Subtract line 4b from line 4a | | | 4c | 34,559. |
| d | Net gain from the disposition of property held for investment | 4d | 16,132. | | |
| | | 4e | 9,156. | | |
| e | Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions) | | | 4f | 6,976. |
| f | Subtract line 4e from line 4d | | | | |
| g | Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) | | | 4g | |
| h | Investment income. Add lines 4c, 4f, and 4g | | | 4h | 41,535. |
| 5 | Investment expenses (see instructions) | | | 5 | |
| 6 | Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0- | | | 6 | 41,535. |

Part III Investment Interest Expense Deduction

| | | | |
|---|---|---|--------|
| 7 | Disallowed investment interest expense to be carried forward to 2013. Subtract line 6 from line 3. If zero or less, enter -0- | 7 | 0. |
| 8 | Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions | 8 | 3,017. |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2012)

REGULAR FORM 4952, LINE 8

3,017.

LESS RECOMPUTED FORM 4952, LINE 8

3,017.

INTEREST ADJUSTMENT - FORM 6251, LINE 8

Form **8801**Department of the Treasury
Internal Revenue Service (99)**Credit for Prior Year Minimum Tax -
Individuals, Estates, and Trusts**► Information about Form 8801 and its separate instructions is at www.irs.gov/form8801.

► Attach to Form 1040, 1040NR, or 1041.

OMB No. 1545-1073

2012Attachment
Sequence No. **74**

Name(s) shown on return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I Net Minimum Tax on Exclusion Items

| | | |
|--|----|----------|
| 1 Combine lines 1 and 10 of your 2011 Form 6251. Estates and trusts, see instructions | 1 | 458,605. |
| 2 Enter adjustments and preferences treated as exclusion items (see instructions) | 2 | 73,832. |
| 3 Minimum tax credit net operating loss deduction (see instructions) | 3 | () |
| 4 Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$223,900 and you were married filing separately for 2011, see instructions | 4 | 532,437. |
| 5 Enter: \$74,450 if married filing jointly or qualifying widow(er) for 2011; \$48,450 if single or head of household for 2011; or \$37,225 if married filing separately for 2011. Estates and trusts, enter \$22,500 | 5 | 74,450. |
| 6 Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2011; \$112,500 if single or head of household for 2011; or \$75,000 if married filing separately for 2011. Estates and trusts, enter \$75,000 | 6 | 150,000. |
| 7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 | 7 | 382,437. |
| 8 Multiply line 7 by 25% (.25) | 8 | 95,609. |
| 9 Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2011, see instructions | 9 | 0. |
| 10 Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions | 10 | 532,437. |
| 11 • If for 2011 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. • If for 2011 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 47 here. Form 1040NR filers, see instructions. • All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2011), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2011) from the result. Form 1040NR filers, see instructions. | 11 | 136,671. |
| 12 Minimum tax foreign tax credit on exclusion items (see instructions) | 12 | 718. |
| 13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11 | 13 | 135,953. |
| 14 Enter the amount from your 2011 Form 6251, line 34, or 2011 Form 1041, Schedule I, line 55 | 14 | 108,756. |
| 15 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 27,197. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8801 (2012)

Part II Current Year Nonrefundable and Refundable Credits and Carryforward to 2013

| | | |
|---|----|----------|
| 16 Enter the amount from your 2011 Form 6251, line 35, or 2011 Form 1041, Schedule I, line 56 | 16 | 27,548. |
| 17 Enter the amount from line 15 | 17 | 27,197. |
| 18 Subtract line 17 from line 16. If less than zero, enter as a negative amount | 18 | 351. |
| 19 2011 credit carryforward. Enter the amount from your 2011 Form 8801, line 28 | 19 | 28. |
| 20 Enter your 2011 unallowed qualified electric vehicle credit (see instructions) | 20 | |
| 21 Combine lines 18 through 20. If zero or less, stop here and see the instructions | 21 | 379. |
| 22 Enter your 2012 regular income tax liability minus allowable credits (see instructions) | 22 | 90,011. |
| 23 Enter the amount from your 2012 Form 6251, line 33, or 2012 Form 1041, Schedule I, line 54 | 23 | 118,928. |
| 24 Subtract line 23 from line 22. If zero or less, enter -0- | 24 | 0. |
| 25 Current year nonrefundable credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2012 Form 1040, line 53 (check box b); Form 1040NR, line 50 (check box b); or Form 1041, Schedule G, line 2c | 25 | 0. |
| 26 Estates and trusts: Skip lines 26 and 27 and go to line 28. Individuals: Did you have a minimum tax credit carryforward to 2010 (on your 2009 Form 8801, line 30)? <input type="checkbox"/> No. Leave lines 26 and 27 blank and go to line 28. <input checked="" type="checkbox"/> Yes. Complete Part IV of Form 8801 to figure the amount to enter | 26 | 10. |
| 27 Is line 26 more than line 25? <input type="checkbox"/> No. Leave line 27 blank and go to line 28. <input checked="" type="checkbox"/> Yes. Subtract line 25 from line 26. This is your current year refundable credit. Enter the result here and on your 2012 Form 1040, line 71 (check box c), or Form 1040NR, line 67 (check box c) | 27 | 10. |
| 28 Credit carryforward to 2013. Subtract the larger of line 25 or line 26 from line 21. Keep a record of this amount because you may use it in future years | 28 | 369. |

Form 8801 (2012)

Part III Tax Computation Using Maximum Capital Gains Rates

Caution. If you did not complete the 2011 Qualified Dividends and Capital Gain Tax Worksheet, the 2011 Schedule D Tax Worksheet, or Part V of the 2011 Schedule D (Form 1041), see the instructions before completing this part.

| | | | |
|---|---|-----------|----------|
| 29 | Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2011, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions | 29 | 532,437. |
| Caution. If for 2011 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 30, 31, and 32. | | | |
| 30 | Enter the amount from line 6 of your 2011 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2011 Schedule D Tax Worksheet, or the amount from line 22 of the 2011 Schedule D (Form 1041), whichever applies* | 30 | 68,550. |
| If you figured your 2011 tax using the 2011 Qualified Dividends and Capital Gain Tax Worksheet, skip line 31 and enter the amount from line 30 on line 32. Otherwise, go to line 31. | | | |
| 31 | Enter the amount from line 19 of your 2011 Schedule D (Form 1040), or line 14b, column (2), of the 2011 Schedule D (Form 1041) | 31 | |
| 32 | Add lines 30 and 31, and enter the smaller of that result or the amount from line 10 of your 2011 Schedule D Tax Worksheet | 32 | 68,550. |
| 33 | Enter the smaller of line 29 or line 32 | 33 | 68,550. |
| 34 | Subtract line 33 from line 29 | 34 | 463,887. |
| 35 | If line 34 is \$175,000 or less (\$87,500 or less if married filing separately for 2011), multiply line 34 by 26% (.26). Otherwise, multiply line 34 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2011) from the result. Form 1040NR filers, see instructions | 35 | 126,388. |
| 36 | Enter: <ul style="list-style-type: none"> • \$69,000 if married filing jointly or qualifying widow(er) for 2011, • \$34,500 if single or married filing separately for 2011, • \$46,250 if head of household for 2011, or • \$2,300 for an estate or trust. Form 1040NR filers, see instructions | 36 | 69,000. |
| 37 | Enter the amount from line 7 of your 2011 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2011 Schedule D Tax Worksheet, or the amount from line 23 of the 2011 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2011 Schedule D (Form 1041), enter -0-. Form 1040NR filers, see instructions | 37 | 367,855. |
| 38 | Subtract line 37 from line 36. If zero or less, enter -0- | 38 | 0. |
| 39 | Enter the smaller of line 29 or line 30 | 39 | 68,550. |
| 40 | Enter the smaller of line 38 or line 39 | 40 | |
| 41 | Subtract line 40 from line 39 | 41 | 68,550. |
| 42 | Multiply line 41 by 15% (.15) | 42 | 10,283. |
| If line 31 is zero or blank, skip lines 43 and 44 and go to line 45. Otherwise, go to line 43. | | | |
| 43 | Subtract line 39 from line 33 | 43 | |
| 44 | Multiply line 43 by 25% (.25) | 44 | |
| 45 | Add lines 35, 42, and 44 | 45 | 136,671. |
| 46 | If line 29 is \$175,000 or less (\$87,500 or less if married filing separately for 2011), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2011) from the result. Form 1040NR filers, see instructions | 46 | 145,582. |
| 47 | Enter the smaller of line 45 or line 46 here and on line 11. If you filed Form 2555 or 2555-EZ for 2011, do not enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions | 47 | 136,671. |

* The 2011 Qualified Dividends and Capital Gain Tax Worksheet is in the 2011 Instructions for Form 1040. The 2011 Schedule D Tax Worksheet is in the 2011 Instructions for Schedule D (Form 1040) (or the 2011 Instructions for Schedule D (Form 1041)).

Part IV Tentative Refundable Credit

| | | | |
|----|--|----|------|
| 48 | Enter the amount from line 21 | 48 | 379. |
| 49 | Enter the total of lines 18 and 20 from your 2010 Form 8801. If zero or less, enter -0- | 49 | 13. |
| 50 | Enter the total of lines 18 and 20 from your 2011 Form 8801. If zero or less, enter -0- | 50 | 5. |
| 51 | Enter the total of lines 18 and 20 from your 2012 Form 8801. If zero or less, enter -0- | 51 | 351. |
| 52 | Add lines 49 through 51 | 52 | 369. |
| 53 | Long-term unused minimum tax credit. Subtract line 52 from line 48 (If zero or less, enter -0- here and on line 26. Do not complete the rest of Part IV) | 53 | 10. |
| 54 | Multiply line 53 by 50% (.50) | 54 | 5. |
| 55 | Enter the amount from your 2011 Form 8801, line 57 | 55 | 10. |
| 56 | Enter the larger of line 54 or line 55 | 56 | 10. |
| 57 | Enter the smaller of line 53 or line 56. Enter the result here and on line 26 | 57 | 10. |

Form 8801 (2012)

Name
CHRISTOPHER J & MARY P CHRISTIE

Identifying number as shown on page 1 of your tax return
*****-**-******

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Passive category income

c ☐ Section 901(j) income

e ☐ Lump-sum distributions
- b ☒ General category income

d ☐ Certain income re-sourced by treaty

f Resident of (name of country) ▶ **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

| | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|------------------------------------|---|---|-----------------------------------|
| | A | B | C | |
| g Enter the name of the foreign country or U.S. possession ▶ OTHER COUNTRIES | | | | |
| 1a Gross income from sources within country shown above and of the type checked above: | | | | |
| | 5,882. | | | 1a 5,882. |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | 659. | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | | | | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | | | | |
| d Gross foreign source income | 5,882. | | | |
| e Gross income from all sources | 636,583. | | | |
| f Divide line 3d by line 3e | .009240 | | | |
| g Multiply line 3c by line 3f | | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use worksheet on page 14 of the instructions) | 80. | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 739. | | | 6 739. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶ | | | | 7 5,143. |

Part II Foreign Taxes Paid or Accrued

| Country | Credit is claimed for taxes (you must check one) (h) <input type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued (j) Date paid or accrued | Foreign taxes paid or accrued | | | | | | |
|---------|---|-------------------------------|-------------------------|--------------|---|---------------|-------------------------|---|
| | | In foreign currency | | | In U.S. dollars | | | |
| | | Taxes withheld at source on: | | | Taxes withheld at source on: | | | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
| | | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties | (q) Interest |
| A | | | | | | | | |
| B | | | | | | | | |
| C | | | | | | | | |

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ **8**

For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2011)

Part III Figuring the Credit

| | | | | |
|---|---|----|----------|----------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 374. | |
| 10 | Carryback or carryover (attach detailed computation) | 10 | 344. | |
| 11 | Add lines 9 and 10 | 11 | 718. | |
| 12 | Reduction in foreign taxes | 12 | | |
| 13 | Taxes reclassified under high tax kickout | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 718. |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I | 15 | 5,143. | |
| 16 | Adjustments to line 15 | 16 | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 5,143. | |
| 18 | Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption | 18 | 500,609. | |
| Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | .010273 |
| 20 | Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 42. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 | 20 | | 136,671. |
| Caution: If you are completing line 20 for separate category (lump-sum distributions), see instructions. | | | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | 21 | | 1,404. |
| 22 | Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV | 22 | | 718. |

Part IV Summary of Credits From Separate Parts III

| | | | | |
|----|---|----|--|------|
| 23 | Credit for taxes on passive category income | 23 | | |
| 24 | Credit for taxes on general category income | 24 | | |
| 25 | Credit for taxes on certain income re-sourced by treaty | 25 | | |
| 26 | Credit for taxes on lump-sum distributions | 26 | | |
| 27 | Add lines 23 through 26 | 27 | | |
| 28 | Enter the smaller of line 20 or line 27 | 28 | | 718. |
| 29 | Reduction of credit for international boycott operations | 29 | | |
| 30 | Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a | 30 | | 718. |

Minimum Tax Foreign Tax Credit
on Exclusion Items
2011 Schedule D Tax Worksheet Recalculated

Name

CHRISTOPHER J & MARY P CHRISTIE

-**-*

| | |
|---|--------------|
| 1. Enter your taxable income from Form 8801, line 10 | 1. 532,437. |
| 2. Enter your qualified dividends from Form 1040, line 9b | 2. N/A |
| 3. Enter the amount from Form 4952, line 4g | 3. N/A |
| 4. Enter the amount from Form 4952, line 4e* | 4. N/A |
| 5. Subtract line 4 from line 3. If zero or less, enter -0- | 5. N/A |
| 6. Subtract line 5 from line 2. If zero or less, enter -0- | 6. N/A |
| 7. Enter the smaller of line 15 or line 16 of Sch. D | 7. N/A |
| 8. Enter the smaller of line 3 or line 4 | 8. N/A |
| 9. Subtract line 8 from line 7. If zero or less, enter -0- | 9. N/A |
| 10. Add lines 6 and 9 | 10. 68,550. |
| 11. Add lines 18 and 19 of Schedule D | 11. |
| 12. Enter the smaller of line 9 or line 11 | 12. |
| 13. Subtract line 12 from line 10 | 13. 68,550. |
| 14. Subtract line 13 from line 1. If zero or less, enter -0- | 14. 463,887. |
| 15. Enter: | |
| <ul style="list-style-type: none"> \$34,500 if single or married filing separately; \$69,000 if married filing jointly or qualifying widow(er); or \$46,250 if head of household | 15. 69,000. |
| 16. Enter the smaller of line 1 or line 15 | 16. 69,000. |
| 17. Enter the smaller of line 14 or line 16 | 17. 69,000. |
| 18. Subtract line 10 from line 1. If zero or less, enter -0- | 18. 463,887. |
| 19. Enter the larger of line 17 or line 18 | 19. 463,887. |
| 20. Subtract line 17 from line 16. This amount is taxed at 0% | 20. |
| If lines 1 and 16 are the same, skip lines 21 through 33 and go to line 34. Otherwise, go to line 21. | |
| 21. Enter the smaller of line 1 or line 13 | 21. 68,550. |
| 22. Enter the amount from line 20 (if line 20 is blank, enter -0-) | 22. 0. |
| 23. Subtract line 22 from line 21. If zero or less, enter -0- | 23. 68,550. |
| 24. Multiply line 23 by 15% (.15) | 24. N/A |
| If Schedule D, line 19, is zero or blank, skip lines 25 through 30 and go to line 31. Otherwise, go to line 25. | |
| 25. Enter the smaller of line 9 above or Schedule D, line 19 | 25. |
| 26. Add lines 10 and 19 | 26. |
| 27. Enter the amount from line 1 above | 27. |
| 28. Subtract line 27 from line 26. If zero or less, enter -0- | 28. |
| 29. Subtract line 28 from line 25. If zero or less, enter -0- | 29. |
| 30. Multiply line 29 by 25% (.25) | 30. N/A |
| If Schedule D, line 18, is zero or blank, skip lines 31 through 33 and go to line 34. Otherwise, go to line 31. | |
| 31. Add lines 19, 20, 23, and 29 | 31. |
| 32. Subtract line 31 from line 1 | 32. |
| 33. Multiply line 32 by 28% (.28) | 33. N/A |
| 34. Figure the tax on the amount on line 19. Use the Tax Table or Tax Computation Worksheet, whichever applies | 34. N/A |
| 35. Add lines 24, 30, 33, and 34 | 35. N/A |
| 36. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies | 36. N/A |
| 37. Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 35 or line 36. Also include this amount on Form 1040, line 44 | 37. N/A |

Form
1116AMT - 8801

Minimum Tax Foreign Tax Credit
on Exclusion Items
Worksheet for Line 18

Name

CHRISTOPHER J & MARY P CHRISTIE

-**-*

| | | |
|--|---------|----------|
| 1 Enter the amount from Form 8801, line 4 | | 532,437. |
| 2 Enter 2011 worldwide 28% gains | N/A | |
| 3 Multiply line 2 by 0.2000 | N/A | |
| 4 Enter 2011 worldwide 25% gains | | |
| 5 Multiply line 4 by 0.1071 | | |
| 6 Enter 2011 worldwide 15% gains and qualified dividends | 68,550. | |
| 7 Multiply line 6 by 0.4643 | 31,828. | |
| 8 Enter 2011 worldwide 0% gains and qualified dividends | | |
| 9 Add lines 5, 7, and 8 | | 31,828. |
| 10 Subtract line 9 from line 1. Enter the result here and on MTFTCE Form 1116, line 18 | | 500,609. |

Gains and Losses From Section 1256 Contracts and Straddles

► Information about Form 6781 and its instructions is at www.irs.gov/form6781.
► Attach to your tax return.

OMB No. 1545-0044

2012
Attachment
Sequence No. **82**

Name(s) shown on tax return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Check all applicable boxes **A** ☐ Mixed straddle election

C ☐ Mixed straddle account election

(see instructions). **B** ☐ Straddle-by-straddle identification election

D ☐ Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

| (a) Identification of account | (b) (Loss) | (c) Gain |
|---|------------|----------|
| 1 FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST | | 545. |
| 2 Add the amounts on line 1 in columns (b) and (c) | 2 | 545. |
| 3 Net gain or (loss). Combine line 2, columns (b) and (c) | 3 | 545. |
| 4 Form 1099-B adjustments. See instructions and attach statement | 4 | |
| 5 Combine lines 3 and 4 | 5 | 545. |
| Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. | | |
| 6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number | 6 | |
| 7 Combine lines 5 and 6 | 7 | 545. |
| 8 Short-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on the appropriate line of Schedule D (see instructions) | 8 | 218. |
| 9 Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions) | 9 | 327. |

Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.

Section A - Losses From Straddles

| (a) Description of property | (b) Date entered into or acquired | (d) Gross sales price | (e) Cost or other basis plus expense of sale | (f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0- | (g) Unrecognized gain on offsetting positions | (h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0- |
|--|-----------------------------------|-----------------------|--|--|---|---|
| | (c) Date closed out or sold | | | | | |
| | Mo. Day Yr. | | | | | |
| 10 | | | | | | |
| 11a Enter the short-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions) | | | | | | 11a |
| b Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions) | | | | | | 11b |

Section B - Gains From Straddles

| (a) Description of property | (b) Date entered into or acquired | (d) Gross sales price | (e) Cost or other basis plus expense of sale | (f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0- |
|--|-----------------------------------|-----------------------|--|--|
| | (c) Date closed out or sold | | | |
| | Mo. Day Yr. | | | |
| 12 | | | | |
| 13a Enter the short-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D | | | | 13a |
| b Enter the long-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D | | | | 13b |

Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions)

| (a) Description of property | (b) Date acquired | (c) Fair market value on last business day of tax year | (d) Cost or other basis as adjusted | (e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0- |
|-----------------------------|-------------------|--|-------------------------------------|---|
| | Mo. Day Yr. | | | |
| 14 | | | | |

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.**2012**Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

*** - ** - ****

Part I 2012 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see**Special Allowance for Rental Real Estate Activities** in the instructions.)

| | | | | |
|--|-----------|---------|-----------|---------|
| 1a Activities with net income (enter the amount from Worksheet 1, column (a)) | 1a | | 1d | |
| b Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | | | |
| c Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) | 1c | | | |
| d Combine lines 1a, 1b, and 1c | | | | |
| Commercial Revitalization Deductions From Rental Real Estate Activities | | | | |
| 2a Commercial revitalization deductions from Worksheet 2, column (a) | 2a | | 2c | |
| b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) | 2b | | | |
| c Add lines 2a and 2b | | | | |
| All Other Passive Activities | | | | |
| 3a Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | 21. | 3d | |
| b Activities with net loss (enter the amount from Worksheet 3, column (b)) | 3b | -3,276. | | |
| c Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) | 3c | -2,712. | | |
| d Combine lines 3a, 3b, and 3c | | | | -5,967. |
| 4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used | 4 | | | -5,967. |

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | |
|--|-----------|--|
| 5 Enter the smaller of the loss on line 1d or the loss on line 4 | 5 | |
| 6 Enter \$150,000. If married filing separately, see instructions | 6 | |
| 7 Enter modified adjusted gross income, but not less than zero (see instructions) | 7 | |
| Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. | | |
| 8 Subtract line 7 from line 6 | 8 | |
| 9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions | 9 | |
| 10 Enter the smaller of line 5 or line 9 | 10 | |
| If line 2c is a loss, go to Part III. Otherwise, go to line 15. | | |

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

| | | |
|--|-----------|--|
| 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions | 11 | |
| 12 Enter the loss from line 4 | 12 | |
| 13 Reduce line 12 by the amount on line 10 | 13 | |
| 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 | 14 | |

Part IV Total Losses Allowed

| | | |
|---|-----------|----------------------|
| 15 Add the income, if any, on lines 1a and 3a and enter the total | 15 | 21. |
| 16 Total losses allowed from all passive activities for 2012. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return | 16 | SEE STATEMENT 37 21. |

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)**Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)**

| | | | |
|---|-----|---------|---------|
| Total. Enter on Form 8582, lines 3a, 3b, and 3c | 21. | -3,276. | -2,712. |
|---|-----|---------|---------|

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

210762 00-28-12 Form 8582 (2012)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------|---|----------|--------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

| Name of activity: | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|-----|--------|-----------|--------------------|------------------|
| Form or schedule and line number to be reported on (see instructions): | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | | | | | |
| b Net income from form or schedule | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- | | | | | |
| Form or schedule and line number to be reported on (see instructions): | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | | | | | |
| b Net income from form or schedule | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- | | | | | |
| Form or schedule and line number to be reported on (see instructions): | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | | | | | |
| b Net income from form or schedule | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- | | | | | |
| SEE ATTACHED STATEMENT FOR WORKSHEET 7 | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- | | | | | |
| OVERALL | | | | | |
| Total | | 5,988. | 1.0000000 | 5,967. | 21. |

**ALTERNATIVE MINIMUM TAX
Passive Activity Loss Limitations**

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.**2012**Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I 2012 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

| | | | |
|--|-----------|---------|---------|
| 1a Activities with net income (enter the amount from Worksheet 1, column (a)) | 1a | | |
| b Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | | |
| c Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) | 1c | | |
| d Combine lines 1a, 1b, and 1c | 1d | | |
| Commercial Revitalization Deductions From Rental Real Estate Activities | | | |
| 2a Commercial revitalization deductions from Worksheet 2, column (a) | 2a | | |
| b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) | 2b | | |
| c Add lines 2a and 2b | 2c | | |
| All Other Passive Activities | | | |
| 3a Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | 21. | |
| b Activities with net loss (enter the amount from Worksheet 3, column (b)) | 3b | -3,253. | |
| c Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) | 3c | -2,712. | |
| d Combine lines 3a, 3b, and 3c | 3d | | -5,944. |
| 4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used | 4 | | -5,944. |

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | |
|--|-----------|--|
| 5 Enter the smaller of the loss on line 1d or the loss on line 4 | 5 | |
| 6 Enter \$150,000. If married filing separately, see instructions | 6 | |
| 7 Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. | 7 | |
| 8 Subtract line 7 from line 6 | 8 | |
| 9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions | 9 | |
| 10 Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. | 10 | |

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

| | | |
|--|-----------|--|
| 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions | 11 | |
| 12 Enter the loss from line 4 | 12 | |
| 13 Reduce line 12 by the amount on line 10 | 13 | |
| 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 | 14 | |

Part IV Total Losses Allowed

| | | |
|---|-----------|----------------------|
| 15 Add the income, if any, on lines 1a and 3a and enter the total | 15 | 21. |
| 16 Total losses allowed from all passive activities for 2012. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return | 16 | SEE STATEMENT 41 21. |

Form 8582 (2012) CHRISTOPHER J & MARY P CHRISTIE

-**-* Page 2

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|-----------------------------|---------------------------|---------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 1a, 1b, and 1c | | | | | |

| Name of activity | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---------------------------------------|---|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total. Enter on Form 8582, lines 2a and 2b | | | |

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|--|---------------------------|---------------------------------|----------------------|----------|
| | (a) Net income (line 3a) | (b) Net loss (line 3b) | (c) Unallowed loss (line 3c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | SEE ATTACHED STATEMENT FOR WORKSHEET 3 | | | | |
| Total. Enter on Form 8582, lines 3a, 3b, and 3c | 21. | -3,253. | -2,712. | | |

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|------------------|---|----------|-----------|-----------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|-------------------------|--------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | SEE ATTACHED | STATEMENT FOR WORKSHEET | | 5 |
| Total | | 5,944. | 1.0000000000 | 5,944 |

*** _ ** _ ***** Page 3

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

Attachment
Sequence No. **137**

▶ **Attach to your tax return.**
▶ **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Number, street, and room or suite no.

City or town, state, and ZIP code

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number **1** of **7**

B Enter the form number of the tax return to which this form is attached or related ▶ **1040**

Enter the year of the tax return identified above ▶ **2012**

Is this Form 8886 being filed with an amended tax return? ▶ ☐ Yes ☒ No

C Check the box(es) that apply (see instructions). ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction

2007

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

a ☐ Listed

c ☐ Contractual protection

e ☐ Transaction of interest

b ☐ Confidential

d ☒ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶ **N/A**

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

a Type of entity ▶

☐ Partnership

☐ Trust

☐ Partnership

☐ Trust

☐ S corporation

☐ Foreign

☐ S corporation

☐ Foreign

b Name

c Employer identification number (EIN), if known ▶

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶ **NONE**

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name

Identifying number (if known)

Fees paid

Number, street, and room or suite no.

City or town, State, and ZIP code

b Name

Identifying number (if known)

Fees paid

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

| | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Deductions | <input type="checkbox"/> Exclusions from gross income | <input type="checkbox"/> Absence of adjustments to basis | <input type="checkbox"/> Tax Credits |
| <input type="checkbox"/> Capital loss | <input type="checkbox"/> Nonrecognition of gain | <input type="checkbox"/> Deferral | |
| <input checked="" type="checkbox"/> Ordinary loss | <input type="checkbox"/> Adjustments to basis | <input type="checkbox"/> Other | |

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

TAXPAYER IS A PARTNER IN GOLDMAN SACHS HEDGE FUND PARTNERS, LLC WHICH IS A PARTNER IN VARIOUS PARTNERSHIPS THAT HAVE DIRECTLY FILED THEIR RESPECTIVE FORMS 8866 ACCORDING TO IRS REGULATIONS. THIS EXPLANATION IS FOR ALL FORMS 8886 MADE PART OF THIS TAX RETURN.

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

| Name | Identifying number |
|------|--------------------|
|------|--------------------|

Address

Description

b Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

| Name | Identifying number |
|------|--------------------|
|------|--------------------|

Address

Description

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

Attachment
Sequence No. **137**

▶ **Attach to your tax return.**
▶ **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Number, street, and room or suite no.

City or town, state, and ZIP code

- A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 2 of 7
- B** Enter the form number of the tax return to which this form is attached or related ▶ 1040
Enter the year of the tax return identified above ▶ 2012
Is this Form 8886 being filed with an amended tax return? ▶ ☐ Yes ☒ No

C Check the box(es) that apply (see instructions). ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction

2006

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

- a** ☐ Listed **c** ☐ Contractual protection **e** ☐ Transaction of interest
b ☐ Confidential **d** ☒ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

- a** Type of entity ▶ ☐ Partnership ☐ Trust ☐ Partnership ☐ Trust
☐ S corporation ☐ Foreign ☐ S corporation ☐ Foreign

b Name

c Employer identification number (EIN), if known ▶

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶ **NONE**

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

| a Name | Identifying number (if known) | Fees paid \$ |
|---------------|-------------------------------|-----------------|
|---------------|-------------------------------|-----------------|

Number, street, and room or suite no.

City or town, State, and ZIP code

| b Name | Identifying number (if known) | Fees paid \$ |
|---------------|-------------------------------|-----------------|
|---------------|-------------------------------|-----------------|

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts**a** Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- ☐ Deductions ☐ Exclusions from gross income ☐ Absence of adjustments to basis ☐ Tax Credits
☐ Capital loss ☐ Nonrecognition of gain ☐ Deferral
☒ Ordinary loss ☐ Adjustments to basis ☐ Other _____

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

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| Name | Identifying number |
|------|--------------------|
|------|--------------------|

| Address |
|---------|
|---------|

| Description |
|-------------|
|-------------|

| |
|--|
| |
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| |
| |
| |

b Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

| Name | Identifying number |
|------|--------------------|
|------|--------------------|

| Address |
|---------|
|---------|

| Description |
|-------------|
|-------------|

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Reportable Transaction Disclosure Statement

▶ **Attach to your tax return.**
▶ **See separate instructions.**

OMB No. 1545-1800

Attachment
Sequence No. **137**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Number, street, and room or suite no.

City or town, state, and ZIP code

- A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 3 of 7
- B** Enter the form number of the tax return to which this form is attached or related ▶ 1040
Enter the year of the tax return identified above ▶ 2012
Is this Form 8886 being filed with an amended tax return? ▶ ☐ Yes ☒ No
- C** Check the box(es) that apply (see instructions). ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction

2006

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

- a** ☐ Listed **c** ☐ Contractual protection **e** ☐ Transaction of interest
b ☐ Confidential **d** ☒ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

- a** Type of entity ▶ ☐ Partnership ☐ Trust ☐ Partnership ☐ Trust
☐ S corporation ☐ Foreign ☐ S corporation ☐ Foreign

b Name

c Employer identification number (EIN), if known ▶

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶ **NONE**

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

| a Name | Identifying number (if known) | Fees paid |
|---------------|-------------------------------|-----------|
| | | \$ |

Number, street, and room or suite no.

City or town, State, and ZIP code

| b Name | Identifying number (if known) | Fees paid |
|---------------|-------------------------------|-----------|
| | | \$ |

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

| | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Deductions | <input type="checkbox"/> Exclusions from gross income | <input type="checkbox"/> Absence of adjustments to basis | <input type="checkbox"/> Tax Credits |
| <input type="checkbox"/> Capital loss | <input type="checkbox"/> Nonrecognition of gain | <input type="checkbox"/> Deferral | |
| <input checked="" type="checkbox"/> Ordinary loss | <input type="checkbox"/> Adjustments to basis | <input type="checkbox"/> Other | |

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

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a Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

| Name | Identifying number |
|------|--------------------|
|------|--------------------|

Address

Description

b Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name _____ Identifying number _____

Address

Description

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

▶ **Attach to your tax return.**
▶ **See separate instructions.**

Attachment
Sequence No. **137**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

*** - ** - ***

Number, street, and room or suite no.

City or town, state, and ZIP code

- A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 4 of 7
- B** Enter the form number of the tax return to which this form is attached or related ▶ 1040
Enter the year of the tax return identified above ▶ 2012
Is this Form 8886 being filed with an amended tax return? ▶ ☐ Yes ☒ No
- C** Check the box(es) that apply (see instructions). ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction

2008

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

- a** ☐ Listed **c** ☐ Contractual protection **e** ☐ Transaction of interest
b ☐ Confidential **d** ☒ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

- a** Type of entity ▶ ☐ Partnership ☐ Trust ☐ Partnership ☐ Trust
☐ S corporation ☐ Foreign ☐ S corporation ☐ Foreign

b Name

c Employer identification number (EIN), if known ▶

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶ **NONE**

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

| a Name | Identifying number (if known) | Fees paid |
|---------------|-------------------------------|-----------|
| | | \$ |

Number, street, and room or suite no.

City or town, State, and ZIP code

| b Name | Identifying number (if known) | Fees paid |
|---------------|-------------------------------|-----------|
| | | \$ |

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts**a** Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- ☐ Deductions
 ☐ Exclusions from gross income
 ☐ Absence of adjustments to basis
 ☐ Tax Credits
☐ Capital loss
 ☐ Nonrecognition of gain
 ☐ Deferral
☒ Ordinary loss
 ☐ Adjustments to basis
 ☐ Other _____

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

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8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.**a** Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

| Name | Identifying number |
|------|--------------------|
| | |

| |
|---------|
| Address |
|---------|

| |
|-------------|
| Description |
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b Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

| Name | Identifying number |
|------|--------------------|
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| Address |
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| Description |
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Reportable Transaction Disclosure Statement

OMB No. 1545-1800

Attachment
Sequence No. **137**

▶ **Attach to your tax return.**
▶ **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

*** - ** - ****

Number, street, and room or suite no.

City or town, state, and ZIP code

- A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 5 of 7
- B** Enter the form number of the tax return to which this form is attached or related ▶ 1040
Enter the year of the tax return identified above ▶ 2012
Is this Form 8886 being filed with an amended tax return? ▶ ☐ Yes ☒ No
- C** Check the box(es) that apply (see instructions). ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction

2008

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

- a** ☐ Listed **c** ☐ Contractual protection **e** ☐ Transaction of interest
b ☐ Confidential **d** ☒ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

- a** Type of entity ▶ ☐ Partnership ☐ Trust ☐ Partnership ☐ Trust
☐ S corporation ☐ Foreign ☐ S corporation ☐ Foreign

b Name

c Employer identification number (EIN), if known ▶

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶ **NONE**

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

| a Name | Identifying number (if known) | Fees paid \$ |
|---------------|-------------------------------|-----------------|
|---------------|-------------------------------|-----------------|

Number, street, and room or suite no.

City or town, State, and ZIP code

| b Name | Identifying number (if known) | Fees paid \$ |
|---------------|-------------------------------|-----------------|
|---------------|-------------------------------|-----------------|

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

| | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Deductions | <input type="checkbox"/> Exclusions from gross income | <input type="checkbox"/> Absence of adjustments to basis | <input type="checkbox"/> Tax Credits |
| <input type="checkbox"/> Capital loss | <input type="checkbox"/> Nonrecognition of gain | <input type="checkbox"/> Deferral | |
| <input checked="" type="checkbox"/> Ordinary loss | <input type="checkbox"/> Adjustments to basis | <input type="checkbox"/> Other | |

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

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a Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

| Name | Identifying number |
|------|--------------------|
|------|--------------------|

Address

| Description |
|-------------|
|-------------|

b Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

| Name | Identifying number |
|------|--------------------|
|------|--------------------|

Address

[illegible]

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

▶ **Attach to your tax return.**
▶ **See separate instructions.**

Attachment
Sequence No. **137**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Number, street, and room or suite no.

City or town, state, and ZIP code

- A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number **6** of **7**
- B** Enter the form number of the tax return to which this form is attached or related ▶ **1040**
Enter the year of the tax return identified above ▶ **2012**
Is this Form 8886 being filed with an amended tax return? ▶ ☐ Yes ☒ No
- C** Check the box(es) that apply (see instructions). ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction

2008

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

- a** ☐ Listed **c** ☐ Contractual protection **e** ☐ Transaction of interest
b ☐ Confidential **d** ☒ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

- a** Type of entity ▶ ☐ Partnership ☐ Trust ☐ Partnership ☐ Trust
☐ S corporation ☐ Foreign ☐ S corporation ☐ Foreign

b Name

▶

c Employer identification number (EIN), if known ▶

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶

NONE

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

| a Name | Identifying number (if known) | Fees paid \$ |
|---------------------------------------|-------------------------------|-----------------|
| Number, street, and room or suite no. | | |

City or town, State, and ZIP code

| b Name | Identifying number (if known) | Fees paid \$ |
|---------------------------------------|-------------------------------|-----------------|
| Number, street, and room or suite no. | | |

City or town, State, and ZIP code

7 Facts**a** Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- ☐ Deductions ☐ Exclusions from gross income ☐ Absence of adjustments to basis ☐ Tax Credits
☐ Capital loss ☐ Nonrecognition of gain ☐ Deferral
☒ Ordinary loss ☐ Adjustments to basis ☐ Other _____

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

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| Name | Identifying number |
|------|--------------------|
|------|--------------------|

| |
|---------|
| Address |
|---------|

| |
|-------------|
| Description |
|-------------|

b Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

| Name | Identifying number |
|------|--------------------|
|------|--------------------|

| |
|---------|
| Address |
|---------|

| |
|-------------|
| Description |
|-------------|

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

▶ **Attach to your tax return.**
▶ **See separate instructions.**

Attachment
Sequence No. **137**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Number, street, and room or suite no.

City or town, state, and ZIP code

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886

Statement number **7** of **7**

B Enter the form number of the tax return to which this form is attached or related

1040

Enter the year of the tax return identified above

2012

Is this Form 8886 being filed with an amended tax return?

☐ Yes ☒ No

C Check the box(es) that apply (see instructions).

☐ Initial year filer

☒ Protective disclosure

1a Name of reportable transaction

LOSS TRANSACTIONS- SECTION 988

1b Initial year participated in transaction

2009

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

a ☐ Listed

c ☐ Contractual protection

e ☐ Transaction of interest

b ☐ Confidential

d ☒ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest

4 Enter the number of "same as or substantially similar" transactions reported on this form

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a Type of entity ☐ Partnership ☐ Trust ☐ Partnership ☐ Trust
☐ S corporation ☐ Foreign ☐ S corporation ☐ Foreign

b Name

c Employer identification number (EIN), if known

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received)

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| a Name | Identifying number (if known) | Fees paid \$ |
|---------------|-------------------------------|-----------------|
|---------------|-------------------------------|-----------------|

Number, street, and room or suite no.

City or town, State, and ZIP code

| b Name | Identifying number (if known) | Fees paid \$ |
|---------------|-------------------------------|-----------------|
|---------------|-------------------------------|-----------------|

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts**a** Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- ☐ Deductions ☐ Exclusions from gross income ☐ Absence of adjustments to basis ☐ Tax Credits
☐ Capital loss ☐ Nonrecognition of gain ☐ Deferral
☒ Ordinary loss ☐ Adjustments to basis ☐ Other _____

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

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| Name | Identifying number |
|------|--------------------|
|------|--------------------|

Address

Description

b Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

| Name | Identifying number |
|------|--------------------|
|------|--------------------|

Address

Description

Form 1116

U.S. and Foreign Source Income Summary

NAME

CHRISTOPHER J & MARY P CHRISTIE

-**-*

| INCOME TYPE | TOTAL | U.S. | FOREIGN GENERAL |
|---------------------------|-------------------------|----------|--------------------|
| Compensation | 425,088. | 425,088. | |
| Dividends/Distributions | 10,132. | 10,132. | |
| Interest | 3,325. | 3,325. | |
| Capital Gains | 16,612. | 16,612. | |
| Business/Profession | | | |
| Rent/Royalty | 22,633. | 22,633. | |
| State/Local Refunds | | | |
| Partnership/S Corporation | SEE STATEMENT 43 9,848. | 4,254. | 5,594. |
| Trust/Estate | | | |
| Other Income | 3,459. | 3,173. | 286. |
| Gross Income | 491,097. | 485,217. | 5,880. |

Less:

| | | | |
|------------------------------|----------|----------|--------|
| Section 911 Exclusion | | | |
| Capital Losses | 459. | 459. | |
| Capital Gains Tax Adjustment | | | |
| Total Income - Form 1116 | 490,638. | 484,758. | 5,880. |

Deductions:

| | | | |
|----------------------------------|----------|----------|--------|
| Business/Profession Expenses | 7,965. | 7,429. | 536. |
| Rent/Royalty Expenses | | | |
| Partnership/S Corporation Losses | 3,696. | | 3,696. |
| Trust/Estate Losses | | | |
| Capital Losses | | | |
| Non-capital Losses | | | |
| Individual Retirement Account | | | |
| Moving Expenses | | | |
| Self-employment Tax Deduction | | | |
| Self-employment Health Insurance | | | |
| Keogh Contributions | | | |
| Alimony | | | |
| Forfeited Interest | | | |
| Foreign Housing Deduction | | | |
| Other Adjustments | | | |
| Capital Gains Tax Adjustment | | | |
| Total Deductions | 11,661. | 7,429. | 4,232. |
| Adjusted Gross Income | 478,977. | 477,329. | 1,648. |

Less Itemized Deductions:

| | | | |
|--|----------|----------|------|
| Specifically Allocated | 21,266. | 21,266. | |
| Home Mortgage Interest | 8,049. | 7,953. | 96. |
| Other Interest | 3,017. | 3,017. | |
| Ratably Allocated | 73,407. | 72,528. | 879. |
| Total Adjustments to Adjusted Gross Income | 105,739. | 104,764. | 975. |
| Taxable Income Before Exemptions | 373,238. | 372,565. | 673. |

Form 1116

Allocation of Itemized Deductions

NAME

CHRISTOPHER J & MARY P CHRISTIE

-**-*

| | Total Itemized Deductions | Itemized Deductions After Sec. 68 Reduction | Form 1116 | | |
|---|---------------------------------|---|-------------------|----------------------|---------|
| | | | Specifically U.S. | Specifically Foreign | Ratable |
| Taxes | 73,407. | | | | 73,407. |
| Interest - Not Including Investment Interest | 8,049. | | 7,953. | 96. | |
| Contributions | 21,266. | | 21,266. | | |
| Miscellaneous Deductions Subject to 2% | | | | | |
| Other Miscellaneous Deductions - Not Including Gambling Losses | | | | | |
| Foreign Adjustment | | | | | |
| Total Itemized Deductions Subject to Sec. 68 | 102,722. | | | | |
| Add Itemized Deductions Not Subject to Sec. 68: | | | | | |
| Medical/Dental | | | | | |
| Investment Interest | 3,017. | | 3,017. | | |
| Casualty Losses | | | | | |
| Gambling Losses | | | | | |
| Foreign Adjustment | | | | | |
| Total Itemized Deductions | 105,739. | | | | |
| Total Allowed on Schedule A | | | 32,236. | 96. | 73,407. |

NAME

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Foreign Income Category

GENERAL LIMITATION INCOME

| Regular | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|------|------|------|------|-------|------|
| 1. Foreign tax paid/accrued | | | | | | 223. |
| 2. FTC carryback to 2012 for amended returns | | | | | | |
| 3. Reduction in foreign taxes | | | | | | |
| 4. Foreign tax available | | | | | | 223. |
| 5. Maximum credit allowable | | | | | | 166. |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | -787. | 57. |
| 7. Foreign tax carryback | | | | | 57. | 57. |
| 8. Foreign tax carryforward | | | | | | |
| 9. Foreign tax or excess limit remaining | | | | | -730. | |
| Total foreign taxes from all available years to be carried to next year | | | | | | |

| | 2002 | 2003 | 2004 | 2005 | 2006 |
|---|------|------|------|------|------|
| 1. Foreign tax paid/accrued | | | | | |
| 2. FTC carryback to 2012 for amended returns | | | | | |
| 3. Reduction in foreign taxes | | | | | |
| 4. Foreign tax available | | | | | |
| 5. Maximum credit allowable | | | | | |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | |
| 7. Foreign tax carryback | | | | | |
| 8. Foreign tax carryforward | | | | | |
| 9. Foreign tax or excess limit remaining | | | | | |

NAME

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Foreign Income Category

GENERAL LIMITATION INCOME

| AMT | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|------|------|------|------|---------|-------|
| 1. Foreign tax paid/accrued | | | | | | 223. |
| 2. FTC carryback to 2012 for amended returns | | | | | | |
| 3. Reduction in foreign taxes | | | | | | |
| 4. Foreign tax available | | | | | | 223. |
| 5. Maximum credit allowable | | | | | | 418. |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | -1,030. | -195. |
| 7. Foreign tax carryback | | | | | | |
| 8. Foreign tax carryforward | | | | | | |
| 9. Foreign tax or excess limit remaining | | | | | -1,030. | -195. |
| Total foreign taxes from all available years to be carried to next year | | | | | | |

| | 2002 | 2003 | 2004 | 2005 | 2006 |
|---|------|------|------|------|------|
| 1. Foreign tax paid/accrued | | | | | |
| 2. FTC carryback to 2012 for amended returns | | | | | |
| 3. Reduction in foreign taxes | | | | | |
| 4. Foreign tax available | | | | | |
| 5. Maximum credit allowable | | | | | |
| 6. Unused foreign tax (+) or excess of limit (-) | | | | | |
| 7. Foreign tax carryback | | | | | |
| 8. Foreign tax carryforward | | | | | |
| 9. Foreign tax or excess limit remaining | | | | | |

Form 1116

Foreign Wages, Salaries, Business and Profession Income

NAME

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Wages and Salaries:

| Source | Amount |
|--------|--------|
| | |
| | |
| | |
| | |
| | |

Total Foreign Wages and Salaries

Business and Profession Income:

| Source | Amount |
|--|--------|
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 5,594. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Total Foreign Business and Profession Income 5,594.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries
Foreign Earned Income Exclusion/Deduction
Percent Applicable to Foreign Wages and Salaries

Reduction Amount

Wages and Salaries Included on Form 1116, line 1

Total Foreign Business and Profession Income
Foreign Earned Income Exclusion/Deduction
Percent Applicable to Foreign Business and Profession Income

Reduction Amount

Business and Profession Income Included on Form 1116, line 1 5,594.

| FORM 1040 | STATE AND LOCAL INCOME TAX REFUNDS | STATEMENT | 1 |
|-----------------------------------|------------------------------------|-----------|------|
| | 2011 | 2010 | 2009 |
| | CALIFORNIA | | |
| GROSS STATE/LOCAL INC TAX REFUNDS | 2. | | |
| LESS: TAX PAID IN FOLLOWING YEAR | | | |
| NET TAX REFUNDS CALIFORNIA | 2. | | |
| | CONNECTICUT | | |
| GROSS STATE/LOCAL INC TAX REFUNDS | 3. | | |
| LESS: TAX PAID IN FOLLOWING YEAR | | | |
| NET TAX REFUNDS CONNECTICUT | 3. | | |
| | NEW JERSEY | | |
| GROSS STATE/LOCAL INC TAX REFUNDS | 4,964. | | |
| LESS: TAX PAID IN FOLLOWING YEAR | 659. | | |
| NET TAX REFUNDS NEW JERSEY | 4,305. | | |
| | NEW YORK | | |
| GROSS STATE/LOCAL INC TAX REFUNDS | 43. | | |
| LESS: TAX PAID IN FOLLOWING YEAR | 10. | | |
| NET TAX REFUNDS NEW YORK | 33. | | |
| TOTAL NET TAX REFUNDS | 4,343. | | |

| FORM 1040 | | TAXABLE STATE AND LOCAL INCOME TAX REFUNDS | | STATEMENT | 2 |
|---|---|--|------|-----------|----|
| | | 2011 | 2010 | 2009 | |
| NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT. | | 4,343. | | | |
| LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION | | 4,343. | | | |
| 1 | NET REFUNDS FOR RECALCULATION | | | | |
| 2 | TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT | 109,167. | | | |
| 3 | DEDUCTION NOT SUBJ TO PHASEOUT | | | | |
| 4 | NET REFUNDS FROM LINE 1 | | | | |
| 5 | LINE 2 MINUS LINES 3 AND 4 | 109,167. | | | |
| 6 | MULT LN 5 BY APPL SEC. 68 PCT | | | | |
| 7 | PRIOR YEAR AGI | | | | |
| 8 | ITEM. DED. PHASEOUT THRESHOLD | | | | |
| 9 | SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16) | | | | |
| 10 | MULT LN 9 BY APPL SEC. 68 PCT | | | | |
| 11 | ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10) | | | | |
| 12 | ITEM DED. NOT SUBJ TO PHASEOUT | | | | |
| 13A | TOTAL ADJ. ITEMIZED DEDUCTIONS | 109,167. | | | |
| 13B | PRIOR YR. STD. DED. AVAILABLE | 11,600. | | | |
| 14 | PRIOR YR. ALLOWABLE ITEM. DED. | 109,167. | | | |
| 15 | SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14 | | | | |
| 16 | TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1) | | | | |
| 17 | ALLOWABLE PRIOR YR. ITEM. DED. | 109,167. | | | |
| 18 | PRIOR YEAR STD. DED. AVAILABLE | 11,600. | | | |
| 19 | SUBTRACT LINE 18 FROM LINE 17 | 97,567. | | | |
| 20 | LESSER OF LINE 16 OR LINE 19 | | | | |
| 21 | PRIOR YEAR TAXABLE INCOME | 436,405. | | | |
| 22 | AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 | | | | 0. |
| STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2009 | | | | | |
| TOTAL TO FORM 1040, LINE 10 | | | | | 0. |

| | | | |
|-----------|---------------------|-----------|---|
| FORM 1040 | TAX-EXEMPT INTEREST | STATEMENT | 3 |
|-----------|---------------------|-----------|---|

| | |
|--|---------------|
| NAME OF PAYER | AMOUNT |
| THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST | 1,272. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 86. |
| TOTAL TO FORM 1040, LINE 8B | <u>1,358.</u> |

| | | | |
|-----------|--|-----------|---|
| FORM 1040 | REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR | STATEMENT | 4 |
|-----------|--|-----------|---|

| | | | |
|-------------------------------|------------|--------------|--|
| | 2011 | STATE REFUND | AMOUNT SUBTRACTED FROM TAXABLE REFUND |
| | NEW JERSEY | | |
| STATE TAX PAID IN FOLLOW YEAR | 5,000. | | |
| | <u>X</u> | 4,964. = | 659. |
| TOTAL STATE TAX PAID 2011 | 37,683. | | |
| | NEW YORK | | |
| STATE TAX PAID IN FOLLOW YEAR | 21. | | |
| | <u>X</u> | 43. = | 10. |
| TOTAL STATE TAX PAID 2011 | 95. | | |

| | | | |
|-----------|-----------------------------------|-----------|---|
| FORM 1040 | WAGES RECEIVED AND TAXES WITHHELD | STATEMENT | 5 |
|-----------|-----------------------------------|-----------|---|

| T S EMPLOYER'S NAME | AMOUNT PAID | FEDERAL TAX WITHHELD | STATE TAX WITHHELD | CITY SDI TAX W/H | FICA TAX | MEDICARE TAX |
|------------------------|-----------------|----------------------------|--------------------------|------------------------|----------------|-----------------|
| S CANTOR FITZGERALD | 175,377. | 40,601. | 10,508. | | 4,624. | 2,584. |
| T STATE OF NEW JERSEY | 161,811. | 30,652. | 7,826. | | 4,624. | 2,486. |
| S ANGELO GORDON & CO | 87,900. | 18,090. | 5,970. | | 4,129. | 1,426. |
| TOTALS | <u>425,088.</u> | <u>89,343.</u> | <u>24,304.</u> | | <u>13,378.</u> | <u>6,495.</u> |

| | | | |
|-----------|---------------------|-----------|---|
| FORM 1040 | QUALIFIED DIVIDENDS | STATEMENT | 6 |
|-----------|---------------------|-----------|---|

| NAME OF PAYER | ORDINARY DIVIDENDS | QUALIFIED DIVIDENDS |
|--|-----------------------|------------------------|
| THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST | 8,247. | 1,600. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 1,884. | 1,303. |
| FROM K-1 - CANTOR FITZGERALD LP | 1. | 1. |
| TOTAL INCLUDED IN FORM 1040, LINE 9B | | 2,904. |

FORM 1040

EXCESS SOCIAL SECURITY TAX WORKSHEET

STATEMENT 7

| | TAXPAYER | SPOUSE |
|--|----------|--------|
| 1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN \$4,624.20 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE | 4,624. | 8,753. |
| 2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON FORM 1040, LINE 60 | | |
| 3. ADD LINES 1 AND 2 | 4,624. | 8,753. |
| 4. SOCIAL SECURITY TAX LIMIT | 4,624. | 4,624. |
| 5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN FORM 1040, LINE 69. | 0. | 4,129. |

SCHEDULE A

STATE AND LOCAL INCOME TAXES

STATEMENT 8

DESCRIPTION

AMOUNT

| | |
|--|---------|
| CANTOR FITZGERALD | 10,508. |
| STATE DISABILITY INSURANCE - CANTOR FITZGERALD | 61. |
| STATE UNEMPLOYMENT INSURANCE - CANTOR FITZGERALD | 129. |
| STATE FAMILY LEAVE INSURANCE - CANTOR FITZGERALD | 24. |
| STATE OF NEW JERSEY | 7,826. |
| ANGELO GORDON & CO | 5,970. |
| NEW JERSEY 2ND QTR ESTIMATE PAYMENTS | 750. |
| NEW JERSEY 3RD QTR ESTIMATE PAYMENTS | 750. |
| NEW JERSEY PRIOR YEAR OVERPAYMENT APPLIED | 4,964. |
| NEW JERSEY PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS | 5,000. |
| NEW YORK 1ST QTR ESTIMATE PAYMENTS | 63. |
| NEW YORK 2ND QTR ESTIMATE PAYMENTS | 8. |
| NEW YORK PRIOR YEAR ESTIMATE PAYMENTS | 21. |
| NEW JERSEY 1ST QTR ESTIMATE PAYMENTS | 56. |
| NEW JERSEY 2ND QTR ESTIMATE PAYMENTS | 14. |
| CALIFORNIA FORM 592-B WITHHOLDING | 11. |
| REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS | -669. |
| TOTAL TO SCHEDULE A, LINE 5 | 35,486. |

| SCHEDULE A | CASH CONTRIBUTIONS | STATEMENT | 9 |
|---------------------------------|---------------------|---------------------|---|
| DESCRIPTION | AMOUNT 50% LIMIT | AMOUNT 30% LIMIT | |
| MISCELLANEOUS | 20,685. | | |
| FROM K-1 - CANTOR FITZGERALD LP | 81. | | |
| SUBTOTALS | 20,766. | | |
| TOTAL TO SCHEDULE A, LINE 16 | | 20,766. | |

| SCHEDULE A | INVESTMENT INTEREST | STATEMENT | 10 |
|---|---------------------|-----------|----|
| DESCRIPTION | AMOUNT | | |
| CHRISTOPHER CHRISTIE BLIND TRUST | 17. | | |
| FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST | 3,000. | | |
| TOTAL TO SCHEDULE A, LINE 14 | | 3,017. | |

| SCHEDULE A | CONTRIBUTIONS OTHER THAN CASH OR CHECK | | | STATEMENT 11 |
|---|--|---------------------|---------------------|---------------------|
| DESCRIPTION | AMOUNT 100% LIMIT | AMOUNT 50% LIMIT | AMOUNT 30% LIMIT | AMOUNT 20% LIMIT |
| CLOTHING, TOYS AND HOUSEHOLD FROM K-1 - CANTOR FITZGERALD LP | | 439. | 61. | |
| SUBTOTALS | | 439. | 61. | |
| TOTAL TO SCHEDULE A, LINE 17 | | | | 500. |

| | | |
|------------|---|--------------|
| SCHEDULE D | NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824 | STATEMENT 12 |
|------------|---|--------------|

| | |
|-------------------------------------|--------------|
| DESCRIPTION OF PROPERTY | GAIN OR LOSS |
| FORM 6781, PART I | 218. |
| TOTAL TO SCHEDULE D, PART I, LINE 4 | 218. |

| | | |
|------------|--|--------------|
| SCHEDULE D | NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824 | STATEMENT 13 |
|------------|--|--------------|

| | | |
|---------------------------------------|--------------|----------|
| DESCRIPTION OF PROPERTY | GAIN OR LOSS | 28% GAIN |
| FORM 6781, PART I | 327. | |
| FORM 4797 | 21. | |
| TOTAL TO SCHEDULE D, PART II, LINE 11 | 348. | |

| | | |
|------------|---|--------------|
| SCHEDULE D | NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES | STATEMENT 14 |
|------------|---|--------------|

| | |
|--|--------------|
| DESCRIPTION OF ACTIVITY | GAIN OR LOSS |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 1,415. |
| TOTAL TO SCHEDULE D, PART I, LINE 5 | 1,415. |

| | | |
|------------|--|--------------|
| SCHEDULE D | NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES | STATEMENT 15 |
|------------|--|--------------|

| | | |
|--|--------------|----------|
| DESCRIPTION OF ACTIVITY | GAIN OR LOSS | 28% GAIN |
| CANTOR FITZGERALD LP | 216. | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 6,982. | |
| TOTAL TO SCHEDULE D, PART II, LINE 12 | 7,198. | |

| | | |
|------------|----------------------------|--------------|
| SCHEDULE D | CAPITAL GAIN DISTRIBUTIONS | STATEMENT 16 |
|------------|----------------------------|--------------|

| NAME OF PAYER | TOTAL CAPITAL GAIN | 28% GAIN |
|--|-----------------------|----------|
| THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST | 1,994. | |
| TOTALS TO SCHEDULE D, LINE 13 | 1,994. | |

| SCHEDULE D | UNRECAPTURED SECTION 1250 GAIN | STATEMENT 17 |
|--|--------------------------------|--------------|
| <hr/> | | |
| 1. IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4 | | |
| 2. ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1 | | |
| <hr/> | | |
| 3. SUBTRACT LINE 2 FROM LINE 1 | | |
| 4. ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR . . | | |
| 5. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN" | | |
| <hr/> | | |
| 6. ADD LINES 3 THROUGH 5 | | |
| 7. ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7 | | |
| 8. ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8 | | |
| 9. SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0- | | |
| 10. ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN | | |
| 11. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY) | | |
| 12. ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE . . | | |
| <hr/> | | |
| 13. ADD LINES 9 THROUGH 12 | | |
| 14. IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET | | |
| 15. ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0- | | |
| 16. ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE C | | |
| 17. COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0- | | |
| <hr/> | | |
| 18. SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19 | | |
| <hr/> | | |

SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 18

NAME

| EMPLOYER ID NO. | ANY NOT X AT IF RISK FRN CODE | PASSIVE LOSS | PASSIVE INCOME | NONPASSIVE LOSS | SEC. 179 DEDUCTION | NONPASSIVE INCOME |
|--|--|-----------------|-------------------|--------------------|-----------------------|----------------------|
| CANTOR FITZGERALD LP **-***** | P | | | | 1. | 1,804. |
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST **-***** | P * | | | 0. | | |
| PRIOR YEAR PAL **-***** | P * | | | 3,696. | | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST **-***** | P | 21. | | | | 101. |
| TOTALS TO SCH. E, LN. 29 | | 21. | | 3,696. | 1. | 1,905. |

* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

SCHEDULE E INCOME OR (LOSS) FROM ESTATES AND TRUSTS STATEMENT 19

| NAME | EMPLOYER ID NO. | PASSIVE LOSS | PASSIVE INCOME | NONPASSIVE LOSS | NONPASSIVE INCOME |
|---|--------------------|-----------------|-------------------|--------------------|----------------------|
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD | **-***** | | | | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED | **-***** | | | | |
| TOTALS TO SCHEDULE E, LINE 34 | | | | | |

* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

| | | |
|-----------|--|--------------|
| FORM 1116 | SUMMARY OF FOREIGN TAXES PAID OR ACCRUED | STATEMENT 20 |
|-----------|--|--------------|

GENERAL LIMITATION INCOME

NAME OF COUNTRY IMPOSING TAX

| DATE PAID | DATE ACCRUED | AMT/FOREIGN CURRENCY | AMOUNT IN U.S. DOLLARS DIVIDENDS | RENT/ROYALTY | INTEREST | OTHER |
|--------------|-----------------|-------------------------------------|-------------------------------------|--------------|----------|-------|
| | | | | | | |
| | | OTHER COUNTRIES | 0. | 15. | | |
| | | OTHER COUNTRIES | 0. | | | 98. |
| | | OTHER COUNTRIES | 0. | | | 110. |
| | | | 15. | | | 208. |
| | | TOTAL TO FORM 1116, PART II, LINE 8 | | | | 223. |

PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

| | FOREIGN AMT | CONV. RATE | U.S. AMT |
|---|-------------|------------|----------|
| 2011 | | | |
| 2010 | | | |
| 2009 | | | |
| 2008 | | | |
| 2007 | | | |
| TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR | | | |

| | | |
|-----------|---|--------------|
| FORM 1116 | EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME | STATEMENT 21 |
|-----------|---|--------------|

| DESCRIPTION | COUNTRY | AMOUNT |
|--|-----------------|--------|
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUS | OTHER COUNTRIES | 3,696. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | OTHER COUNTRIES | 536. |
| TOTAL TO FORM 1116, PART I, LINE 2 | | 4,232. |

FORM 1116

WORLDWIDE CAPITAL GAINS
WORKSHEET FOR LINE 18

STATEMENT 22

| | | |
|----|--|----------|
| 1 | ENTER THE AMOUNT FROM FORM 1040, LINE 41. IF YOU ARE A NONRESIDENT ALIEN, ENTER THE AMOUNT FROM FORM 1040NR, LINE 39 | 373,238. |
| 2 | ENTER WORLDWIDE 28% GAINS | |
| 3 | MULTIPLY LINE 2 BY 0.2000 | |
| 4 | ENTER WORLDWIDE 25% GAINS | 4. |
| 5 | MULTIPLY LINE 4 BY 0.2857 | 1. |
| 6 | ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS | 12,077. |
| 7 | MULTIPLY LINE 6 BY 0.5714 | 6,901. |
| 8 | ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS | |
| 9 | ADD LINES 3, 5, 7, AND 8 | 6,902. |
| 10 | SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 18 | 366,336. |

FORM 2441

CREDIT LIMIT WORKSHEET

STATEMENT 23

- 1 ENTER THE AMOUNT FROM FORM 1040, LINE 46; FORM 1040A, LINE 28;
OR FORM 1040NR, LINE 44 119,094.
- 2 ENTER THE AMOUNT FROM FORM 1040, LINE 47, OR FORM 1040NR,
LINE 45; FORM 1040A FILERS, ENTER -0- 166.
- 3 SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THE AMOUNT ON FORM 2441,
LINE 10. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT . 118,928.

FORM 6251

PASSIVE ACTIVITIES

STATEMENT 24

| NAME OF ACTIVITY | FORM | NET INCOME (LOSS) | | ADJUSTMENT |
|---|-----------|-------------------|---------|------------|
| | | AMT | REGULAR | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | FORM 4797 | 21. | 21. | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | SCH E | -21. | -21. | |
| TOTAL TO FORM 6251, LINE 19 | | | | |

FORM 6251

EXEMPTION WORKSHEET

STATEMENT 25

1 ENTER: \$50,600 IF SINGLE OR HEAD OF HOUSEHOLD; \$78,750 IF
MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$39,375
IF MARRIED FILING SEPARATELY. 78,750.

2 ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME
(AMTI) FORM 6251, LINE 28 447,917.

3 ENTER: \$112,500 IF SINGLE OR HEAD OF HOUSEHOLD;
\$150,000 IF MARRIED FILING JOINTLY OR
QUALIFYING WIDOW(ER); \$75,000 IF MARRIED
FILING SEPARATELY 150,000.

4 SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS
ENTER -0- 297,917.

5 MULTIPLY LINE 4 BY 25% (.25). 74,479.

6 SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF
ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER
AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10.
OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251,
LINE 29, AND GO TO FORM 6251, LINE 30 4,271.

7 MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24. .

8 ENTER YOUR EARNED INCOME, IF ANY.

9 ADD LINES 7 AND 8

10 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251,
LINE 29, AND GO TO FORM 6251, LINE 30

FORM 6251

INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS

STATEMENT 26

DESCRIPTION

AMOUNT

THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST

1,272.

TOTAL TO FORM 6251, LINE 12

1,272.

| | | |
|-----------|--|--------------|
| FORM 1116 | ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT | STATEMENT 27 |
| | WORLDWIDE CAPITAL GAINS | |
| | WORKSHEET FOR LINE 18 | |

| | | |
|---|---|----------|
| 1 | ENTER THE AMOUNT FROM FORM 6251, LINE 28 | 447,917. |
| 2 | ENTER WORLDWIDE 25% GAINS | 4. |
| 3 | MULTIPLY LINE 2 BY 0.1071 | |
| 4 | ENTER WORLDWIDE 15% GAINS AND QUALIFIED DIVIDENDS | 12,077. |
| 5 | MULTIPLY LINE 4 BY 0.4643 | 5,607. |
| 6 | ENTER WORLDWIDE 0% GAINS AND QUALIFIED DIVIDENDS | |
| 7 | ADD LINES 3, 5, AND 6 | 5,607. |
| 8 | SUBTRACT LINE 7 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116 AMT, LINE 18 | 442,310. |

SCHEDULE H HOUSEHOLD EMPLOYERS IN A CREDIT REDUCTION STATE STATEMENT 28

1. ENTER THE SMALLER OF THE AMOUNT FROM SCHEDULE H, LINE 17 OR LINE 20 378.
2. ENTER THE TOTAL TAXABLE FUTA WAGES FROM SCHEDULE H, LINE 18 7,000.
3. CHECK THE BOX OF EVERY STATE IN WHICH YOU WERE REQUIRED TO PAY STATE UNEMPLOYMENT TAX THIS YEAR. IF THE CREDIT REDUCTION RATE FROM A STATE IS GREATER THAN ZERO, IT IS A CREDIT REDUCTION STATE. IF ALL OF THE STATES YOU CHECK HAVE A CREDIT REDUCTION RATE OF ZERO, DO NOT ENTER AN AMOUNT ON LINE 21. FOR CREDIT REDUCTION STATES, ENTER THE FUTA TAXABLE WAGES PAID IN THE STATE, MULTIPLY BY THE REDUCTION RATE, AND THEN ENTER THE CREDIT REDUCTION AMOUNT FOR THAT STATE. IF ANY STATES DO NOT APPLY TO YOU, LEAVE THEM BLANK.

| FUTA | | | | FUTA | | | |
|-----------|---------|-----------|-----------|-----------|---------|-----------|-----------|
| POSTAL | TAXABLE | REDUCTION | CREDIT | POSTAL | TAXABLE | REDUCTION | CREDIT |
| X ABBREV. | WAGES | RATE | REDUCTION | X ABBREV. | WAGES | RATE | REDUCTION |
| AK | | X.000 | | NC | | X.006 | |
| AL | | X.000 | | ND | | X.000 | |
| AR | | X.006 | | NE | | X.000 | |
| AZ | | X.003 | | NH | | X.000 | |
| CA | | X.006 | | X NJ | 7,000. | X.006 | 42. |
| CO | | X.000 | | NM | | X.000 | |
| CT | | X.006 | | NV | | X.006 | |
| DC | | X.000 | | NY | | X.006 | |
| DE | | X.003 | | OH | | X.006 | |
| FL | | X.006 | | OK | | X.000 | |
| GA | | X.006 | | OR | | X.000 | |
| HI | | X.000 | | PA | | X.000 | |
| IA | | X.000 | | RI | | X.006 | |
| ID | | X.000 | | SC | | X.000 | |
| IL | | X.000 | | SD | | X.000 | |
| IN | | X.009 | | TN | | X.000 | |
| KS | | X.000 | | TX | | X.000 | |
| KY | | X.006 | | UT | | X.000 | |
| LA | | X.000 | | VA | | X.000 | |
| MA | | X.000 | | VT | | X.003 | |
| MD | | X.000 | | WA | | X.000 | |
| ME | | X.000 | | WI | | X.006 | |
| MI | | X.000 | | WV | | X.000 | |
| MN | | X.000 | | WY | | X.000 | |
| MO | | X.006 | | PR | | X.000 | |
| MS | | X.000 | | VI | | X.015 | |
| MT | | X.000 | | | | | |

4. TOTAL CREDIT REDUCTION 42.
 5. SUBTRACT LINE 4 OF THIS WORKSHEET FROM LINE 1 OF THIS WORKSHEET AND ENTER THE RESULT HERE AND ON SCHEDULE H, LINE 21 336.
-
-

| | | |
|-----------|-----------------------------|--------------|
| FORM 4952 | INVESTMENT INTEREST EXPENSE | STATEMENT 29 |
|-----------|-----------------------------|--------------|

| DESCRIPTION | CURRENT | CARRYOVER |
|---|---------|-----------|
| CHRISTOPHER CHRISTIE BLIND TRUST | 17. | |
| | 0. | |
| FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST | 3,000. | |
| TOTALS TO FORM 4952, LINES 1 AND 2 | 3,017. | |

| | | |
|-----------|--|--------------|
| FORM 4952 | INCOME FROM PROPERTY HELD FOR INVESTMENT | STATEMENT 30 |
|-----------|--|--------------|

| DESCRIPTION | AMOUNT |
|---|---------|
| INTEREST INCOME | 3,325. |
| DIVIDEND INCOME | 10,132. |
| MCNEIL PPC INC - ROYALTIES - [REDACTED] | |
| WASHINGTON | 22,617. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST - [REDACTED] | 16. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 101. |
| TOTAL TO FORM 4952, LINE 4A | 36,191. |

| | | |
|-----------|--|--------------|
| FORM 4952 | NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT | STATEMENT 31 |
|-----------|--|--------------|

| DESCRIPTION | AMOUNT |
|---|--------|
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10 | -459. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST DTD 8/25/10 | 96. |
| FORM 6781, PART I | 327. |
| CAPITAL GAIN DISTRIBUTIONS | 1,994. |
| GAIN OR LOSS FROM PARTNERSHIPS, S CORPS, TRUSTS, ETC. | 7,198. |
| TOTAL TO FORM 4952, LINE 4E | 9,156. |

FORM 4952 INVESTMENT INTEREST EXPENSE DEDUCTION SUMMARY STATEMENT 32

| NAME | FORM OR SCHEDULE | INVESTMENT INTEREST EXPENSE | INVESTMENT INTEREST EXPENSE C/O | DISALLOWED INVESTMENT INTEREST EXPENSE | ALLOWED INVESTMENT INTEREST EXPENSE |
|------------------------|---------------------|-----------------------------------|---------------------------------------|---|--|
| CHRISTOPHER CHRISTIE B | SCH A | 17. | 0. | 0. | 17. |
| | SCH A | 0. | 0. | 0. | 0. |
| FROM K-1 - THE MARY PA | SCH A | 3,000. | 0. | 0. | 3,000. |
| TOTALS | | 3,017. | 0. | 0. | 3,017. |

FORM 4952AMT INVESTMENT INTEREST EXPENSE STATEMENT 33

| DESCRIPTION | CURRENT | CARRYOVER |
|---|---------|-----------|
| CHRISTOPHER CHRISTIE BLIND TRUST | 17. | |
| | 0. | |
| FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST | 3,000. | |
| TOTALS TO FORM 4952AMT, LINES 1 AND 2 | 3,017. | |

FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 34

| NAME OF ACTIVITY | CURRENT YEAR | | PRIOR YEAR UNALLOWED LOSS | OVERALL GAIN OR LOSS | |
|---|--------------|----------|---------------------------------|----------------------|---------|
| | NET INCOME | NET LOSS | | GAIN | LOSS |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 21. | -3,276. | -2,712. | | -5,967. |
| TOTALS | 21. | -3,276. | -2,712. | | -5,967. |

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 35

| NAME OF ACTIVITY | FORM OR SCHEDULE | LOSS | RATIO | UNALLOWED LOSS |
|--|------------------------|--------|-------------|-------------------|
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | SCH E | 5,967. | 1.000000000 | 5,967. |
| TOTALS | | 5,967. | 1.000000000 | 5,967. |

FORM 8582 ACTIVITIES WITH LOSSES REPORTED ON 2 OR MORE DIFFERENT FORMS OR SCHEDULES - WORKSHEET 7 STATEMENT 36

| GROUP NO. | NAME | FORM OR SCHEDULE NET LOSS | FORM OR SCHEDULE NET GAIN | OVERALL LOSS | RATIO | UNALLOWED LOSS | ALLOWED LOSS |
|--------------|----------------------------------|---------------------------------|---------------------------------|-----------------|-------------|-------------------|-----------------|
| 1 | THE MARY PAT CHRISTIE 2010 BLIND | 0. | 21. | 0. | .000000000 | 0. | 0. |
| 1 | THE MARY PAT CHRISTIE 2010 BLIND | 5,988. | 0. | 5,988. | 1.000000000 | 5,967. | 21. |
| | | | | 5,988. | 1.000000000 | 5,967. | 21. |

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 37

| R R E A NAME | FORM OR SCHEDULE | GAIN/LOSS | PRIOR YEAR C/O | NET GAIN/LOSS | UNALLOWED LOSS | ALLOWED LOSS |
|--|------------------------|-----------|-------------------|------------------|-------------------|-----------------|
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | FORM 4797 | 21. | | 21. | | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | SCH E | -3,276. | -2,712. | -5,988. | 5,967. | 21. |
| TOTALS | | -3,255. | -2,712. | -5,967. | 5,967. | 21. |

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 16

21.

FORM 8582

ALTERNATIVE MINIMUM TAX
OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 38

| NAME OF ACTIVITY | CURRENT YEAR | | PRIOR YEAR UNALLOWED LOSS | OVERALL GAIN OR LOSS | |
|---|--------------|----------|---------------------------------|----------------------|---------|
| | NET INCOME | NET LOSS | | GAIN | LOSS |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 21. | -3,253. | -2,712. | | -5,944. |
| TOTALS | 21. | -3,253. | -2,712. | | -5,944. |

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 39

| NAME OF ACTIVITY | FORM OR SCHEDULE | LOSS | RATIO | UNALLOWED LOSS |
|---|------------------------|--------|-------------|-------------------|
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | SCH E | 5,944. | 1.000000000 | 5,944. |
| TOTALS | | 5,944. | 1.000000000 | 5,944. |

FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVITIES WITH LOSSES REPORTED ON 2 OR
MORE DIFFERENT FORMS OR SCHEDULES - WORKSHEET 7

STATEMENT 40

| GROUP NO. | NAME | FORM OR SCHEDULE NET LOSS | FORM OR SCHEDULE NET GAIN | OVERALL LOSS | RATIO | UNALLOWED LOSS | ALLOWED LOSS |
|--------------|--|---------------------------------|---------------------------------|-----------------|-------------|-------------------|-----------------|
| 1 | THE MARY PAT CHRISTIE 2010 BLIND | 0. | 21. | 0. | .000000000 | 0. | 0. |
| 1 | THE MARY PAT CHRISTIE 2010 BLIND | 5,965. | 0. | 5,965. | 1.000000000 | 5,944. | 21. |
| | | | | 5,965. | 1.000000000 | 5,944. | 21. |

| | | |
|--------------|-------------------------------------|--------------|
| FORM 8582AMT | SUMMARY OF PASSIVE ACTIVITIES - AMT | STATEMENT 41 |
|--------------|-------------------------------------|--------------|

| R R E A NAME | FORM OR SCHEDULE | GAIN/LOSS | PRIOR YEAR C/O | NET GAIN/LOSS | UNALLOWED LOSS | ALLOWED LOSS |
|---|------------------------|-----------|-------------------|------------------|-------------------|-----------------|
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | FORM 4797 | 21. | | 21. | | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | SCH E | -3,253. | -2,712. | -5,965. | 5,944. | 21. |
| TOTALS | | -3,232. | -2,712. | -5,944. | 5,944. | 21. |
| PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME | | | | | | |
| TOTAL TO FORM 8582AMT, LINE 16 | | | | | | 21. |

| | | |
|-----------|--------------------------|--------------|
| FORM 4562 | PART I - BUSINESS INCOME | STATEMENT 42 |
|-----------|--------------------------|--------------|

| INCOME TYPE | AMOUNT |
|--|----------|
| WAGES | 425,088. |
| TOTAL BUSINESS INCOME USED IN FORM 4562, LINE 11 | 425,088. |

| | | |
|-----------|--|--------------|
| FORM 1116 | U.S. AND FOREIGN SOURCE INCOME SUMMARY FOREIGN PARTNERSHIP/S-CORPORATION INCOME | STATEMENT 43 |
|-----------|--|--------------|

| DESCRIPTION | AMOUNT |
|--|--------|
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 5,594. |
| TOTAL FOREIGN PARTNERSHIP/S-CORPORATION INCOME | 5,594. |

FORM 1116

U.S. AND FOREIGN SOURCE INCOME SUMMARY
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

STATEMENT 44

DESCRIPTION

INCOME

LOSS

CANTOR FITZGERALD LP

13,023.

THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST

-3,696.

THE MARY PAT CHRISTIE 2010 BLIND TRUST

-3,175.

TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

9,848.

-3,696.

2012 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2012

Prepared for

CHRISTOPHER J & MARY P CHRISTIE
[REDACTED]

Prepared by

[REDACTED]

Amount of tax

| | | |
|------------------------------|----|----|
| Total tax | \$ | 5 |
| Less: payments and credits | \$ | 11 |
| Plus: interest and penalties | \$ | 0 |
| OVERPAYMENT | \$ | 6 |

Overpayment

| | | |
|--------------------------------|----|---|
| Miscellaneous Donations | \$ | 0 |
| Credited to your estimated tax | \$ | 0 |
| Refunded to you | \$ | 6 |

Make check payable to

NOT APPLICABLE

Mail tax return and check (if applicable) to

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN CALIFORNIA FORM 8879 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE FTB.

Return must be mailed on or before

NOT APPLICABLE

Special Instructions

TAXABLE YEAR

2012

California e-file Signature Authorization for Individuals

FORM

8879

Your name

CHRISTOPHER J CHRISTIE

Your SSN or ITIN

-**-*

Spouse's/RDP's name

MARY P CHRISTIE

Spouse's/RDP's SSN or ITIN

-**-*

Part I Tax Return Information (whole dollars only)

| | | |
|--|----------|------------|
| 1 California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32) | 1 | 69. |
| 2 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Form 540NR, line 121) | 2 | 0. |
| 3 Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 28; Long Form 540NR, line 125; or Short Form 540NR, line 125) | 3 | 6. |

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2012, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, Transmitter, or Intermediate Service Provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, Intermediate Service Provider, and/or Transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize [redacted] to enter my PIN [redacted] **Do not enter all zeros**
ERO firm name
as my signature on my 2012 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2012 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► [redacted] Date ► 09/27/2013

Spouse's/RDP's PIN: check one box only

☒ I authorize [redacted] to enter my PIN [redacted] **Do not enter all zeros**
ERO firm name
as my signature on my 2012 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2012 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ► [redacted] Date ► 09/27/2013

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

[redacted] **Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the 2012 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2012 e-file Handbook for Authorized e-file Providers.

ERO's signature ► [redacted] Date ► 09/27/2013

For Privacy Notice, get form FTB 1131.

FTB 8879 C2 2012

California Nonresident or Part-Year
Resident Income Tax Return 2012

Long Form

FORM

540NR C1 Side 1

APE

-**-* CHRI ***-**-**** 12
 CHRISTOPHER J CHRISTIE
 MARY P CHRISTIE

P
 AC
 A
 R
 RP

-*** **-*****

Filing Status

1 ☐ Single

2 ☒ Married/RDP filing jointly (see page 3)

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____

4 ☐ Head of household (with qualifying person) (see page 3)

5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____

If your California filing status is different from your federal filing status, check the box here ☐

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 17) ☐ 6 ☐

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only.

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box.

If you checked the box on line 6, see page 17 7 ☐ 2 X \$104= \$ 208

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2

8 ☐ X \$104= \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2

9 ☐ X \$104= \$

10 **Dependents:** Do not include yourself or your spouse/RDP.

| First name | Last name | Dependent's relationship to you |
|------------|-----------|---------------------------------|
| ANDREW | CHRISTIE | SON |
| SARAH | CHRISTIE | DAUGHTER |
| PATRICK | CHRISTIE | SON |
| BRIDGET | CHRISTIE | DAUGHTER |

Total dependent exemptions 10 ☐ 4 X 321= \$ 1284

11 **Exemption amount:** Add line 7 through line 10 11 \$ 1492

Total Taxable Income

12 Total California wages from your Form(s) W-2, box 16 12 00

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 13 478,977.00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B 14 1,085.00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 18) 15 477,892.00

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C 16 1,358.00

17 Adjusted gross income from all sources. Combine line 15 and line 16 17 479,250.00

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 43; OR Your California standard deduction (see page 18) 18 61,882.00

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 19 417,368.00

Your name: **CHRISTOPHER J CHRISTIE**Your SSN or ITIN: *****-**-******

| | | | | |
|-------------------|--|--|------|---------|
| CA Taxable Income | 31 | Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Sch. <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 | 31 | 34,022. |
| | 32 | CA adjusted gross income from Schedule CA (540NR), Part IV, line 45 | 32 | 69.00 |
| | 35 | CA Taxable Income from Schedule CA (540NR), Part IV, line 49 | 35 | 63.00 |
| | 36 | CA Tax Rate. Divide line 31 by line 19 | 36 | .0815 |
| | 37 | CA Tax Before Exemption Credits. Multiply line 35 by line 36 | 37 | 5.00 |
| | 38 | CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 | 38 | .0002 |
| | 39 | CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$169,730 (see page 19) | 39 | 0.00 |
| | 40 | CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- | 40 | 5.00 |
| 41 | Tax (see page 20). Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A | 41 | 00 | |
| 42 | Add line 40 and line 41 | 42 | 5.00 | |

| | | | | |
|-----------------|--|--|------|----|
| Special Credits | 50 | Nonrefundable Child and Dependent Care Expenses Credit (see page 20). Attach form FTB 3506 | 50 | 00 |
| | 51 | Credit for joint custody head of household (see page 20) | 51 | 00 |
| | 52 | Credit for dependent parent (see page 20) | 52 | 00 |
| | 53 | Credit for senior head of household (see page 21) | 53 | 00 |
| | 54 | Credit percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 (see page 21) | 54 | |
| | 55 | Credit amount (see page 21) | 55 | 00 |
| | 56 | New jobs credit, amount generated (see page 21) | 56 | 00 |
| | 57 | New jobs credit, amount claimed (see page 21) | 57 | 00 |
| | 58 | Enter credit name _____ code no _____ and amount _____ | 58 | 00 |
| | 59 | Enter credit name _____ code no _____ and amount _____ | 59 | 00 |
| 60 | To claim more than two credits (see page 21) | 60 | 00 | |
| 61 | Nonrefundable renter's credit (see page 61) | 61 | 00 | |
| 62 | Add line 50, line 55 and line 57 through line 61. These are your total credits | 62 | 00 | |
| 63 | Subtract line 62 from line 42. If less than zero, enter -0- | 63 | 5.00 | |

| | | | | |
|-------------|----|--|----|------|
| Other Taxes | 71 | Alternative minimum tax. Attach Schedule P (540NR) | 71 | 00 |
| | 72 | Mental Health Services Tax (see page 22) | 72 | 00 |
| | 73 | Other taxes and credit recapture (see page 22) | 73 | 00 |
| | 74 | Add line 63, line 71, line 72, and line 73. This is your total tax | 74 | 5.00 |

| | | | | |
|----------|----|---|----|-------|
| Payments | 81 | California income tax withheld (see page 22) | 81 | 00 |
| | 82 | 2012 CA estimated tax and other payments (see page 22) | 82 | 0.00 |
| | 83 | Real estate or other withholding (see page 23) | 83 | 11.00 |
| | 84 | Excess SDI (or VPD) withheld (see page 23) | 84 | 00 |
| | 85 | Add line 81, line 82, line 83, and line 84. These are your total payments | 85 | 11.00 |

| | | | | |
|------------------|-----|--|-----|------|
| Overpaid Tax/Due | 101 | Overpaid tax. If line 85 is more than line 74, subtract line 74 from line 85 | 101 | 6.00 |
| | 102 | Amount of line 101 you want applied to your 2013 estimated tax | 102 | 00 |
| | 103 | Overpaid tax available this year. Subtract line 102 from line 101 | 103 | 6.00 |
| | 104 | Tax due. If line 85 is less than line 74, subtract line 85 from line 74 | 104 | 00 |

Your name: **CHRISTOPHER J CHRISTIE**Your SSN or ITIN: *****-**-******

| Contributions | | <u>Code</u> | <u>Amount</u> | | <u>Code</u> | <u>Amount</u> |
|--|---|-------------|--|---|-------------|---------------|
| | California Seniors Special Fund (see page 21) ... | • 400 | 00 | California Sea Otter Fund | • 410 | 00 |
| | Alzheimer's Disease/Related Disorders Fund ... | • 401 | 00 | Municipal Shelter Spay-Neuter Fund | • 412 | 00 |
| | California Fund for Senior Citizens | • 402 | 00 | California Cancer Research Fund | • 413 | 00 |
| | Rare and Endangered Species | | | ALS/Lou Gehrig's Disease Research Fund | • 414 | 00 |
| | Preservation Program | • 403 | 00 | Child Victims of Human Trafficking Fund ... | • 419 | 00 |
| | State Children's Trust Fund for the Prevention | | | California YMCA Youth and Government | | |
| | of Child Abuse | • 404 | 00 | Fund | • 420 | 00 |
| | California Breast Cancer Research Fund | • 405 | 00 | California Youth Leadership Fund | • 421 | 00 |
| | California Firefighters' Memorial Fund | • 406 | 00 | School Supplies for Homeless Children | | |
| Emergency Food for Families Fund | • 407 | 00 | Fund | • 422 | 00 | |
| California Peace Officer Memorial | | | State Parks Protection Fund/Parks Pass | | | |
| Foundation Fund | • 408 | 00 | Purchase | • 423 | 00 | |

| | | | | |
|---------------------------------------|-----|--|-------|------|
| Interest and Amount You Owe Penalties | 120 | Add code 400 through code 423. This is your total contribution | • 120 | 00 |
| | 121 | AMOUNT YOU OWE. Add line 104 and line 120 (see page 24). Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 Pay Online - Go to ftb.ca.gov for more information. | • 121 | 00 |
| | 122 | Interest, late return penalties, and late payment penalties | 122 | 00 |
| | 123 | Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached | • 123 | 0.00 |
| | 124 | Total amount due (see page 25). Enclose, but do not staple, any payment | 124 | 00 |

| | | | | |
|---------------------------|-----|---|-------|------|
| Refund and Direct Deposit | 125 | REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 | • 125 | 6.00 |
| | | Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip (see page 25). Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below: | | |
| | | <input type="checkbox"/> Checking <input type="checkbox"/> Savings • Routing number • Type • Account number • 126 Direct deposit amount | | 00 |
| | | The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below: <input type="checkbox"/> Checking <input type="checkbox"/> Savings • Routing number • Type • Account number • 127 Direct deposit amount | | 00 |

IMPORTANT: Attach a copy of your complete federal return.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Spouse's/RDP's signature (if a joint tax return, both must sign)

Daytime phone number (optional)

Sign Here

X

X

Date **09/27/13**

Your email address

Paid preparer's

Information of which preparer has any knowledge)

• PTIN

• FEIN

** - *****

Firm's name (or yours, if self-employed)

Firm's address

Joint tax return?
(see page 25)

Do you want to allow another person to discuss this tax return with us? (see page 25)

• ☒ Yes ☐ No

Print Third Party Designee's Name

Telephone Number

California Adjustments - Nonresidents or Part-Year Residents

2012

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 3 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

CHRISTOPHER J & MARY P CHRISTIE

+**+*

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP.**During 2012:**

Yourself

Spouse/RDP

| | | |
|---|------------|------------|
| 1 a I was domiciled in (enter state or country) | NEW JERSEY | NEW JERSEY |
| b I was in the military and stationed in (enter state or country) | N/A | N/A |
| 2 I became a California resident (enter the state of prior residence and date of move) | N/A | N/A |
| 3 I became a nonresident (enter new state of residence and date of move) | N/A | N/A |
| 4 I was a nonresident of California the entire year (enter state or country of residence) | NJ | NJ |
| 5 The number of days I spent in California (for any purpose) is: | N/A | N/A |
| 6 I owned a home/property in California (enter "Yes" or "No") | NO | NO |

Before 2012:

| | | |
|---|-----|-----|
| 7 I was a California resident for the period of (enter dates) | N/A | N/A |
| 8 I entered California on (enter date) | N/A | N/A |
| 9 I left California on (enter date) | N/A | N/A |

Part II Income Adjustment Schedule**Section A - Income**

| | A | B | C | D | E |
|--|---|--|---|--|--|
| | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 7 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C | 425,088. | | | 425,088. | |
| 8 Taxable interest. (b) 1,358. | 3,325. | 1,085. | 1,358. | 3,598. | 1. |
| 9 Ordinary dividends. (b) 2,904. | 10,132. | | | 10,132. | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes | | | | | |
| 11 Alimony received | | | | | |
| 12 Business income or (loss) | | | | | |
| 13 Capital gain or (loss) | 16,153. | | | 16,153. | 7. |
| 14 Other gains or (losses) | 3,459. | | | 3,459. | |
| 15 IRA distributions. (a) | | | | | |
| 16 Pensions and annuities. (a) | | | | | |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 20,820. | | | 20,820. | 61. |
| 18 Farm income or (loss) | | | | | |
| 19 Unemployment compensation | | | | | |
| 20 Social security benefits. (a) | | | | | |
| 21 Other income. a California lottery winnings b Disaster loss carryover from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL carryover from FTB 3805V e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe): | | | | | |
| 22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 | 478,977. | 1,085. | 1,358. | 479,250. | 69. |

| Income Adjustment Schedule | | A | B | C | D | E |
|-----------------------------------|---|--|--|---|---|---|
| Section B - Adjustments to Income | | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As if You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 22b | Enter totals from Side 1, line 22a, col. A through col. E | 478,977. | 1,085. | 1,358. | 479,250. | 69. |
| 23 | Educator expenses | | | | | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials | | | | | |
| 25 | Health savings account deduction | | | | | |
| 26 | Moving expenses | | | | | |
| 27 | Deductible part of self-employment tax | | | | | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | | | | | |
| 29 | Self-employed health insurance deduction | | | | | |
| 30 | Penalty on early withdrawal of savings | | | | | |
| 31a | Alimony paid. b Enter recipient's: SSN Last name | | | | | |
| 32 | IRA deduction | | | | | |
| 33 | Student loan interest deduction | | | | | |
| 34 | Tuition and fees | | | | | |
| 35 | Domestic production activities deduction | | | | | |
| 36 | Add line 23 through line 31a and line 32 through line 35 in each column, A through E | | | | | |
| 37 | Total. Subtract line 36 from line 22b in each column, A through E | 478,977. | 1,085. | 1,358. | 479,250. | 69. |

Part III Adjustments to Federal Itemized Deductions

| | | | |
|----|---|---------|----------|
| 38 | Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) | 38 | 105,739. |
| 39 | Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions | 39 | 35,486. |
| 40 | Subtract line 39 from line 38 | 40 | 70,253. |
| 41 | Other adjustments including California lottery losses. See instructions. Specify | 41 | |
| 42 | Combine line 40 and line 41 | 42 | 70,253. |
| 43 | Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$169,730 Head of household \$254,599 Married/RDP filing jointly or qualifying widow(er) \$339,464 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 | LIMITED | 43 |
| 44 | Enter the larger of the amount on line 43 or your standard deduction. See instructions | 44 | 61,882. |

Part IV California Taxable Income

| | | | |
|----|---|----|---------|
| 45 | California AGI. Enter your California AGI from line 37, column E | 45 | 69. |
| 46 | Enter your deductions from line 44 | 46 | 61,882. |
| 47 | Deduction Percentage. Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- | 47 | .0001 |
| 48 | California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 | 48 | 6. |
| 49 | California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- | 49 | 63. |

TAXABLE YEAR

2012

California Capital Gain or Loss Adjustment

SCHEDULE

SCHEDULE
D (540)

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

Name(s) as shown on return

SSN or ITIN

CHRISTOPHER J & MARY P CHRISTIE

*** _ ** _ ****

[illegible]

| | | | | | |
|----|---|--------|-----|-------|-------|
| 2 | Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568) | STMT 4 | 2 | | 7. |
| 3 | Capital gain distributions (federal Form 1099-DIV, box 2a minus box 2c) | | | 3 | 00 |
| 4 | Total 2012 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 | | | 4 | 7. 00 |
| 5 | 2012 loss. Add column (d) amounts of line 1 and line 2 | | 5 | 00 | |
| 6 | California capital loss carryover from 2011, if any | | 6 | 00 | |
| 7 | Total 2012 loss. Add line 5 and line 6 | | 7 | 00 | |
| 8 | Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10 | | 8 | 7. 00 | |
| 9 | If line 8 is a loss, enter the smaller of: (a) the loss on line 8. (b) \$3,000 (\$1,500 if married or an RDP filing a separate return) | | 9 | 00 | |
| 10 | Enter the gain or (loss) from federal Form 1040, line 13 | | 10 | 00 | |
| 11 | Enter the California gain from line 8 or (loss) from line 9 | | 11 | 00 | |
| 12 | a If line 10 is more than line 11, enter the difference here and on Schedule CA (540), line 13, column B | | 12a | 00 | |
| | b If line 10 is less than line 11, enter the difference here and on Schedule CA (540), line 13, column C | | 12b | 00 | |

2012

Investment Interest Expense Deduction

3526

Attach to Form 540, Long Form 540NR, or Form 541.

Name(s) as shown on return

SSN, ITIN, or FEIN

CHRISTOPHER J & MARY P CHRISTIE

-**-*

| | | | | |
|----|---|-----------------|----|-----------|
| 1 | Investment interest expense paid or accrued in 2012. See instructions | SEE STATEMENT 5 | 1 | 3,017.00 |
| 2 | Disallowed investment interest expense from 2011 form FTB 3526, line 7. If zero or less, enter -0- | | 2 | 0.00 |
| 3 | Total investment interest expense. Add line 1 and line 2 | | 3 | 3,017.00 |
| 4a | Gross income from property held for investment (excluding any net gain from the disposition of property held for investment). See instructions | SEE STATEMENT 6 | 4a | 36,464.00 |
| 4b | Net gain from the disposition of property held for investment. See instructions | 4b 16,132.00 | | |
| 4c | Net capital gain from the disposition of property held for investment. See instructions | 4c 9,156.00 | | |
| 4d | Subtract line 4c from line 4b. If zero or less, enter -0- | | 4d | 6,976.00 |
| 4e | Enter all or part of the amount on line 4c that you elect to include in investment income. Do not include more than the amount on line 4b. See instructions | | 4e | 00 |
| 4f | Investment income. Add line 4a, line 4d, and line 4e | | 4f | 43,440.00 |
| 5 | Investment expenses. See instructions | | 5 | 00 |
| 6 | Net investment income. Subtract line 5 from line 4f | | 6 | 43,440.00 |
| 7 | Disallowed investment interest expense to be carried forward to 2013. Subtract line 6 from line 3. If zero or less, enter -0- | | 7 | 0.00 |
| 8 | Investment interest expense deduction. Enter the smaller of line 3 or line 6. Form 541 filers, stop here and see instructions. All other filers, go to line 9 | | 8 | 3,017.00 |
| 9 | Enter the amount from federal Form 4952, line 8 | | 9 | 3,017.00 |
| 10 | California investment interest expense deduction adjustment. Enter the difference between line 8 and line 9. See instructions. | | 10 | 0.00 |

2012 Passive Activity Loss Limitations239511
12-19-12**3801**

Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).

Name(s) as shown on return

CHRISTOPHER J & MARY P CHRISTIE

SSN, ITIN, FEIN, or CA. corporation no.

*** - ** - ****

Part I 2012 Passive Activity Loss

See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

| | | | |
|----|--|----|----|
| 1a | Activities with net income from Worksheet 1, column (a) | 1a | 00 |
| 1b | Activities with net loss from Worksheet 1, column (b) | 1b | 00 |
| 1c | Prior year unallowed losses from Worksheet 1, column (c) | 1c | 00 |
| 1d | Combine line 1a, line 1b, and line 1c | 1d | 00 |

All Other Passive Activities

| | | | |
|----|---|----|------------|
| 2a | Activities with net income from Worksheet 2, column (a) | 2a | 21. 00 |
| 2b | Activities with net loss from Worksheet 2, column (b) | 2b | -3,276. 00 |
| 2c | Prior year unallowed losses from Worksheet 2, column (c) | 2c | -2,712. 00 |
| 2d | Combine line 2a, line 2b, and line 2c | 2d | -5,967. 00 |
| 3 | Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. | 3 | -5,967. 00 |

Part II Special Allowance for Rental Real Estate with Active Participation

Enter all numbers in Part II as positive amounts.

| | | | |
|---|---|---|----|
| 4 | Enter the smaller of losses from line 1d or line 3 | 4 | 00 |
| 5 | Enter \$150,000. If married/RDP filing a separate return, see instructions | 5 | 00 |
| 6 | Enter federal modified adjusted gross income, but not less than zero. If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7 | 6 | 00 |
| 7 | Subtract line 6 from line 5 | 7 | 00 |
| 8 | Multiply line 7 by 50% (.50). Do not enter more than \$25,000 | 8 | 00 |
| 9 | Enter the smaller of line 4 or line 8 | 9 | 00 |

Part III Total Losses Allowed

| | | | |
|----|--|----|--------|
| 10 | Add the income, if any, from line 1a and line 2a and enter the total | 10 | 21. 00 |
| 11 | Total losses allowed from all passive activities for 2012. Add line 9 and line 10 | 11 | 21. 00 |

See the instructions to find out how to report the losses on your tax return.

California Worksheets

Attach Side 2 to your California tax return.

California Passive Activity Worksheet (See General Instructions for Step 1.)

Use this worksheet to figure California income (loss) from passive activities before application of passive activity loss (PAL) rules.

| (a) Passive Activity Enter a description of the activity | (b) Federal Sch. Enter the name of the federal form or schedule on which you reported the activity | (c) California Sch. Enter the name of the California form or schedule, if any, used to calculate the California adjustment | (d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules | (e) California Adjustment Enter any adjustment resulting from differences in federal and California law | (f) California Amount Combine column (d) and column (e) |
|--|--|--|--|---|---|
| THE MARY PAT CHRISTIE | FORM 4797 | | 21. | 0. | 21. |
| THE MARY PAT CHRISTIE | SCH E | | -3,276. | 0. | -3,276. |
| | | | | | |
| | | | | | |

California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheets to figure your California adjustments after application of the PAL rules.

| (a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported | (b) Passive or Nonpassive Enter the passive or nonpassive character of the activity for California purposes | (c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules | (d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules | (e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows: |
|---|---|---|---|---|
|---|---|---|---|---|

| (a) Schedule C Activities | (b) Passive or Nonpassive | (c) California Amount | (d) Federal Amount | (e) California Adjustment |
|------------------------------|------------------------------|--------------------------|-----------------------|---|
| | | | | If the amount below is positive , transfer the amount to Schedule CA (540 or 540NR), line 12, column C. |
| | | | | If the amount below is negative , transfer the amount to Schedule CA (540 or 540NR), (as a positive amount) line 12, column B. |
| Total | | 1(c) | 1(d)* | 1(e) |

| (a) Schedule E Activities | (b) Passive or Nonpassive | (c) California Amount | (d) Federal Amount | (e) California Adjustment |
|------------------------------|------------------------------|--------------------------|-----------------------|---|
| SEE STATEMENT 8 | | | | If the amount below is positive , transfer the amount to Schedule CA (540 or 540NR), line 17, column C. |
| | | | | If the amount below is negative , transfer the amount to Schedule CA (540 or 540NR), (as a positive amount) line 17, column B. |
| Total | | 2(c) 20,820. | 2(d)** 20,820. | 2(e) 0. |

| (a) Schedule F Activities | (b) Passive or Nonpassive | (c) California Amount | (d) Federal Amount | (e) California Adjustment |
|------------------------------|------------------------------|--------------------------|-----------------------|---|
| | | | | If the amount below is positive , transfer the amount to Schedule CA (540 or 540NR), line 18, column C. |
| | | | | If the amount below is negative , transfer the amount to Schedule CA (540 or 540NR), (as a positive amount) line 18, column B. |
| Total | | 3(c) | 3(d)*** | 3(e) |

* This amount should be the same as the amount reported on Schedule CA (540 or 540NR), line 12, column A.

** This amount should be the same as the amount reported on Schedule CA (540 or 540NR), line 17, column A.

*** This amount should be the same as the amount reported on Schedule CA (540 or 540NR), line 18, column A.

Worksheet 1 For form FTB 3801, line 1a, line 1b, and line 1c

| Name of activity | Current year | | Prior year | Overall gain or loss | |
|--|-----------------------------|---------------------------|---------------------------------|----------------------|-------------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on form FTB 3801, line 1a, line 1b, and line 1c ... | | | | | |

Worksheet 2 For form FTB 3801, line 2a, line 2b, and line 2c

| Name of activity | Current year | | Prior year | Overall gain or loss | |
|--|-----------------------------|---------------------------|---------------------------------|----------------------|-------------|
| | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain | (e) Loss |
| THE MARY PAT C | 21. | -3,276. | -2,712. | | -5,967. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on form FTB 3801, line 2a, line 2b, and line 2c ... | 21. | -3,276. | -2,712. | | |

Worksheet 3 Use this worksheet if an amount is shown on form FTB 3801, line 9

| Name of activity | Form or schedule to be reported on | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|------------------|------------------------------------|-------------|--------------|--------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | 1.00 | | |

Worksheet 4 Allocation of Unallowed Losses

| Name of activity | Form or schedule to be reported on | (a) Loss | (b) Ratio | (c) Unallowed loss |
|----------------------------------|------------------------------------|-------------|--------------|-----------------------|
| THE MARY PAT CHRISTIE 2010 SCH E | | 5,967. | 1.00000000 | 5,967. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | 5,967. | 1.00 | 5,967. |

Worksheet 5 Allowed Losses

| Name of activity | Form or schedule to be reported on | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------|------------------------------------|-------------|-----------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Worksheet 6 Activities With Losses Reported on Two or More Different Forms or Schedules

| Name of Activity | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|--------|--------|--------------|-----------------------|---------------------|
| THE MARY PAT CHRI | | | | | |
| Form or schedule to be reported on: SCH E | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule ▶ | 5,988. | | | | |
| b Net income from form or schedule ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | 5,988. | 1 | 5,967. | 21. |
| Form or schedule to be reported on: | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule ▶ | | | | | |
| b Net income from form or schedule ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| Form or schedule to be reported on: | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule ▶ | | | | | |
| b Net income from form or schedule ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| Total ▶ | 5,988. | 1.00 | 5,967. | 21. | |

Worksheets 1 through 6 are **not** required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records.

| | | |
|-------------------|--|-------------|
| California | Exemption Credit - AGI Limitation Worksheet | 2012 |
|-------------------|--|-------------|

| | |
|--|---------------------------------------|
| Name(s) as shown on return CHRISTOPHER J & MARY P CHRISTIE | Social security number ***-**-**** |
|--|---------------------------------------|

- a. Enter the amount from Form 540NR, line 13, or RDP recalculated AGI a 478,977.
- b. Enter the amount for your filing status on line b:
 Single or married/RDP filing separate \$169,730
 Married/RDP filing joint or qualifying widow(er) \$339,464
 Head of household \$254,599
 b 339,464.
- c. Subtract line b from line a c 139,513.
- d. Divide line c by \$2,500 (\$1,250 if married/RDP filing separate).
Note: If the result is not a whole number, round it to the next higher whole number d 56.
- e. Multiply line d by \$6 e 336.
- f. Add the numbers from the boxes on Form 540NR, line 7, line 8 and line 9 f 2
- g. Multiply line e by line f g 672.
- h. Enter the total dollar amount from Form 540NR, line 7, line 8 and line 9 h 208.
- i. Subtract line g from line h. If zero or less, enter -0- i 0.
- j. Enter the number from the box on Form 540NR, line 10 j 4
- k. Multiply line e by line j k 1,344.
- l. Enter the dollar amount from Form 540NR, line 10 l 1,284.
- m. Subtract line k from line l. If zero or less, enter -0- m _____
- n. Add line i and m. Enter the result here n _____
- o. Multiply the amount on line n by the CA Exemption Credit Percentage on Form 540NR, line 38.
 Enter the result here and on Form 540NR, line 39 o _____

| California | Itemized Deductions Worksheet | 2012 |
|---|-------------------------------|---------------------------------------|
| Name(s) as shown on return CHRISTOPHER J & MARY P CHRISTIE | | Social security number ***-**-**** |
| 1. Enter the amount from Schedule CA (540), line 42 or Schedule CA (540NR), line 42 | | 70,253. |
| 2. Using California amounts, add the amounts on federal Schedule A, line 4, line 14 and line 20 plus any gambling losses included on line 28 | | 3,017. |
| 3. Subtract line 2 from line 1 | | 67,236. |
| Note: If -0-, stop. Enter the amount from line 1 on Schedule CA (540), line 43 or Schedule CA (540NR), line 43 | | |
| 4. Multiply line 3 by 80% (.80) | | 53,789. |
| 5. Amount from Form 540 or Form 540NR, line 13 | | 478,977. |
| 6. Enter amount shown below for your filing status: | | |
| - Single or married/RDP filing separate, enter \$169,730 - Head of household, enter \$254,599 - Married/RDP filing joint or qualifying widow(er), enter \$339,464 | | 339,464. |
| 7. Subtract line 6 from line 5 | | 139,513. |
| Note: If -0- or less, stop. Enter the amount from line 1 above on Schedule CA (540), line 43 or Schedule CA (540NR), line 43 | | |
| 8. Multiply line 7 by 6% (.06) | | 8,371. |
| 9. Compare line 4 and line 8. Enter the smaller amount here | | 8,371. |
| 10. Total itemized deductions. Subtract line 9 from line 1. Enter here and on Schedule CA (540), line 43 or Schedule CA (540NR), line 43 | | 61,882. |

YEAR

2012

Nonresident Withholding Tax Statement

CALIFORNIA FORM

592-B

Part I Recipient

| | | | |
|---|---------------------|---------------------------------------|--|
| Name of Recipient CHRISTOPHER J CHRISTIE | | SSN or ITIN *** - ** - **** | |
| Address (including suite, room, PO Box, or PMB no.) [REDACTED] | | <input type="checkbox"/> FEIN | <input type="checkbox"/> CA Corp no. <input type="checkbox"/> SOS file no. |
| City [REDACTED] | State [REDACTED] | ZIP Code [REDACTED] | Country [REDACTED] |

Part II Withholding Agent

| | | | |
|--|---------------------|---|--|
| Name of Withholding Agent (Payer/S Corporation/Partnership/LLC/Trust) CANTOR FITZGERALD LP | | Withholding Agent's SSN or ITIN [REDACTED] | |
| Address (including suite, room, PO Box, or PMB no.) [REDACTED] | | <input checked="" type="checkbox"/> FEIN | <input type="checkbox"/> CA Corp no. <input type="checkbox"/> SOS file no. |
| City [REDACTED] | State [REDACTED] | ZIP Code [REDACTED] | Daytime telephone number [REDACTED] |

Part III Type of Income Subject to Withholding. Check the applicable box(es).

| | | | | | | | |
|--|---|---|---|--|---|--|---|
| <input type="checkbox"/> Payment to Independent Contractor (I/C) | <input type="checkbox"/> Payment to I/C Entertainer/Athletes/Speakers | <input type="checkbox"/> Rents or Royalties | <input type="checkbox"/> Estate Distributions | <input type="checkbox"/> Trust Distributions | <input type="checkbox"/> Allocations to Foreign (non U.S.) Nonresident Partners/Members | <input checked="" type="checkbox"/> Distributions to Domestic (U.S.) Nonresident S corporation Shareholders/Partners/Members/Beneficiaries | <input type="checkbox"/> Other (describe) |
|--|---|---|---|--|---|--|---|

Part IV Tax Withheld

| | | |
|---|---|--------|
| 1 Total income subject to withholding | 1 | 00 |
| 2 Total California tax withheld | 2 | 11. 00 |
| 3 Total Backup Withholding | 3 | 00 |

2012 Income from Passthroughs

CA ALL-SOURCES

CANTOR FITZGERALD LP

I.D. NUMBER: [REDACTED]

TAXABLE INCOME (LOSS) SUMMARY:

| | |
|-----------------------|-------|
| NONPASSIVE GAIN | 1,804 |
| SECTION 179 DEDUCTION | -1 |

| | |
|------------------------------|--------------|
| NET INCOME (LOSS) FOR ENTITY | <u>1,803</u> |
|------------------------------|--------------|

ACTIVITY INFORMATION:

CANTOR FITZGERALD LP

| | |
|------------------------|-------|
| ORDINARY INCOME (LOSS) | 1,804 |
|------------------------|-------|

| | |
|------------------------------|--------------|
| TOTAL NONPASSIVE GAIN (LOSS) | <u>1,804</u> |
|------------------------------|--------------|

2012 Income from Passthroughs

CA ALL-SOURCES

THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST
I.D. NUMBER: [REDACTED]

TAXABLE INCOME (LOSS) SUMMARY:

| | |
|------------------------------|---------------|
| NONPASSIVE LOSS ALLOWED | -3,696 |
| NET INCOME (LOSS) FOR ENTITY | <u>-3,696</u> |

ACTIVITY INFORMATION:

THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST

| | |
|---|---------------|
| PAL CARRYOVER FROM 2011 - SCHEDULE E | -3,696 |
| TOTAL NONPASSIVE ACTIVITY INCOME (LOSS) | <u>-3,696</u> |

2012 Income from Passthroughs

CA ALL-SOURCES

THE MARY PAT CHRISTIE 2010 BLIND TRUST
I.D. NUMBER: [REDACTED]

TAXABLE INCOME (LOSS) SUMMARY:

| | |
|------------------------------|-----------|
| PASSIVE LOSS ALLOWED | -21 |
| NONPASSIVE GAIN | 101 |
| NET INCOME (LOSS) FOR ENTITY | <u>80</u> |

ACTIVITY INFORMATION:

THE MARY PAT CHRISTIE 2010 BLIND TRUST

| | | |
|------------------------------------|------------|------------|
| OTHER PORTFOLIO INCOME (LOSS) | 101 | |
| TOTAL NONPASSIVE GAIN (LOSS) | <u>101</u> | |
| RENTAL REAL ESTATE INCOME (LOSS) | -3,276 | |
| SCHEDULE E ACTIVITY INCOME (LOSS) | | -3,276 |
| PAL CARRYOVER FROM 2011 | | -2,712 |
| DISALLOWED LOSS FROM FORM 3801 | | 5,967 |
| TOTAL PASSIVE ACTIVITY GAIN (LOSS) | | <u>-21</u> |

| | | | |
|----------------|------------------------------------|-----------|---|
| CA SCHEDULE CA | CA SOURCE RENTS, ROYALTIES, ETC... | STATEMENT | 1 |
|----------------|------------------------------------|-----------|---|

| DESCRIPTION | CA SOURCE AMOUNT |
|--|---------------------|
| CANTOR FITZGERALD LP | 61. |
| TOTAL TO SCHEDULE CA (540NR), LINE 17E | 61. |

| | | | |
|----------------|---------------------------------------|-----------|---|
| CA SCHEDULE CA | TAXABLE INTEREST INCOME - SUBTRACTION | STATEMENT | 2 |
|----------------|---------------------------------------|-----------|---|

| DESCRIPTION | CALIFORNIA AMOUNT | FEDERAL AMOUNT | ADJUSTMENT |
|--|----------------------|-------------------|------------|
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 0. | 1,085. | -1,085. |
| TOTAL TO SCHEDULE CA (540NR), LINE 8B | | | -1,085. |

| | | | |
|----------------|------------------------------------|-----------|---|
| CA SCHEDULE CA | TAXABLE INTEREST INCOME - ADDITION | STATEMENT | 3 |
|----------------|------------------------------------|-----------|---|

| DESCRIPTION | CALIFORNIA AMOUNT | FEDERAL AMOUNT | ADJUSTMENT |
|--|----------------------|-------------------|------------|
| THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST | 1,272. | 0. | 1,272. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 86. | 0. | 86. |
| TOTAL TO SCHEDULE CA (540NR), LINE 8C | | | 1,358. |

| | | | |
|---------------|---|-----------|---|
| CA SCHEDULE D | CAPITAL GAINS AND LOSSES FROM K-1 CA SOURCES | STATEMENT | 4 |
|---------------|---|-----------|---|

| DESCRIPTION | GAIN OR LOSS |
|---|--------------|
| CANTOR FITZGERALD LP | 7. |
| TOTAL TO SCHEDULE D (CA SOURCE), LINE 2 | 7. |

| | | | |
|--------------|-----------------------------|-----------|---|
| CA FORM 3526 | INVESTMENT INTEREST EXPENSE | STATEMENT | 5 |
|--------------|-----------------------------|-----------|---|

| DESCRIPTION | CURRENT | CARRYOVER |
|---|---------|-----------|
| CHRISTOPHER CHRISTIE BLIND TRUST | 17. | |
| FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST | 3,000. | |
| TOTAL TO FORM 3526, LINE 1 AND/OR LINE 2 | 3,017. | |

| | | | |
|--------------|--|-----------|---|
| CA FORM 3526 | INCOME FROM PROPERTY HELD FOR INVESTMENT | STATEMENT | 6 |
|--------------|--|-----------|---|

| DESCRIPTION | AMOUNT |
|---|---------|
| INTEREST INCOME | 3,598. |
| DIVIDEND INCOME | 10,132. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 101. |
| MCNEIL PPC INC - ROYALTIES - [REDACTED] | |
| [REDACTED] | 22,617. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST - [REDACTED] | 16. |
| TOTAL TO FORM 3526, LINE 4A | 36,464. |

| | | | |
|---------|-------------------------------|-----------|---|
| CA 3801 | SUMMARY OF PASSIVE ACTIVITIES | STATEMENT | 7 |
|---------|-------------------------------|-----------|---|

| R R E A NAME | FORM OR SCHEDULE | GAIN/LOSS | PRIOR YEAR C/O | NET GAIN/LOSS | UNALLOWED LOSS | ALLOWED LOSS |
|--|------------------------|-----------|-------------------|------------------|-------------------|-----------------|
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | FORM 4797 | 21. | | 21. | | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | SCH E | -3,276. | -2,712. | -5,988. | 5,967. | 21. |
| TOTALS | | -3,255. | -2,712. | -5,967. | 5,967. | 21. |

CA 3801

WORKSHEET FOR STEP 4
SCHEDULE E ACTIVITIES

STATEMENT 8

| NAME OF ACTIVITY | PASSIVE OR NONPASSIVE | CALIFORNIA AMOUNT | FEDERAL AMOUNT |
|--|--------------------------|----------------------|-------------------|
| CANTOR FITZGERALD LP | NONPASSIVE | 1,803. | 1,803. |
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUS | PASSIVE | 0. | 0. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST DAT | PASSIVE | 0. | 0. |
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUS | NONPASSIVE | -3,696. | -3,696. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | PASSIVE | 80. | 80. |
| MCNEIL PPC INC - ROYALTIES - [REDACTED] | NONPASSIVE | | |
| [REDACTED] | | 22,617. | 22,617. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST - [REDACTED] | NONPASSIVE | | |
| [REDACTED] | | 16. | 16. |
| TOTAL TO STEP 4 WORKSHEET, LINE 2 | | 20,820. | 20,820. |

2012 Passive Activity Loss Limitations239511
12-19-12**3801**

Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).

Name(s) as shown on return

CHRISTOPHER J & MARY P CHRISTIE

SSN, ITIN, FEIN, or CA. corporation no.

-**-*

Part I 2012 Passive Activity Loss

See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

| | | | |
|----|--|----|----|
| 1a | Activities with net income from Worksheet 1, column (a) | 1a | 00 |
| 1b | Activities with net loss from Worksheet 1, column (b) | 1b | 00 |
| 1c | Prior year unallowed losses from Worksheet 1, column (c) | 1c | 00 |
| 1d | Combine line 1a, line 1b, and line 1c | 1d | 00 |

All Other Passive Activities

| | | | |
|----|--|----|-----------|
| 2a | Activities with net income from Worksheet 2, column (a) | 2a | 21.00 |
| 2b | Activities with net loss from Worksheet 2, column (b) | 2b | -3,253.00 |
| 2c | Prior year unallowed losses from Worksheet 2, column (c) | 2c | -2,712.00 |
| 2d | Combine line 2a, line 2b, and line 2c | 2d | -5,944.00 |
| 3 | Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. | 3 | -5,944.00 |

Part II Special Allowance for Rental Real Estate with Active Participation

Enter all numbers in Part II as positive amounts.

| | | | |
|---|---|---|----|
| 4 | Enter the smaller of losses from line 1d or line 3 | 4 | 00 |
| 5 | Enter \$150,000. If married/RDP filing a separate return, see instructions | 5 | 00 |
| 6 | Enter federal modified adjusted gross income, but not less than zero. If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7 | 6 | 00 |
| 7 | Subtract line 6 from line 5 | 7 | 00 |
| 8 | Multiply line 7 by 50% (.50). Do not enter more than \$25,000 | 8 | 00 |
| 9 | Enter the smaller of line 4 or line 8 | 9 | 00 |

Part III Total Losses Allowed

| | | | |
|----|--|----|-------|
| 10 | Add the income, if any, from line 1a and line 2a and enter the total | 10 | 21.00 |
| 11 | Total losses allowed from all passive activities for 2012. Add line 9 and line 10 See the instructions to find out how to report the losses on your tax return. | 11 | 21.00 |

Worksheet 1 For form FTB 3801, line 1a, line 1b, and line 1c

| Name of activity | Current year | | Prior year | Overall gain or loss | |
|--|-----------------------------|---------------------------|---------------------------------|----------------------|-------------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on form FTB 3801, line 1a, line 1b, and line 1c ... ▶ | | | | | |

Worksheet 2 For form FTB 3801, line 2a, line 2b, and line 2c

| Name of activity | Current year | | Prior year | Overall gain or loss | |
|--|-----------------------------|---------------------------|---------------------------------|----------------------|-------------|
| | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain | (e) Loss |
| THE MARY PAT C | 21. | - 3,253. | - 2,712. | | - 5,944. |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on form FTB 3801, line 2a, line 2b, and line 2c ... ▶ | 21. | - 3,253. | - 2,712. | | |

Worksheet 3 Use this worksheet if an amount is shown on form FTB 3801, line 9

| Name of activity | Form or schedule to be reported on | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|------------------|------------------------------------|-------------|--------------|--------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | 1.00 | | |

Worksheet 4 Allocation of Unallowed Losses

| Name of activity | Form or schedule to be reported on | (a) Loss | (b) Ratio | (c) Unallowed loss |
|----------------------------|------------------------------------|-------------|--------------|-----------------------|
| THE MARY PAT CHRISTIE 2010 | SCH E | 5,944. | 1.00000000 | 5,944. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 5,944. | 1.00 | 5,944. |

Worksheet 5 Allowed Losses

| Name of activity | Form or schedule to be reported on | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------|------------------------------------|-------------|-----------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Worksheet 6 Activities With Losses Reported on Two or More Different Forms or Schedules

| Name of Activity | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|--------|--------|--------------|-----------------------|---------------------|
| THE MARY PAT CHRI | | | | | |
| Form or schedule to be reported on: SCH E | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | 5,965. | | | | |
| b Net income from form or schedule | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- | | 5,965. | 1 | 5,944. | 21. |
| Form or schedule to be reported on: | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | | | | | |
| b Net income from form or schedule | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- | | | | | |
| Form or schedule to be reported on: | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | | | | | |
| b Net income from form or schedule | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- | | | | | |
| Total | 5,965. | 1.00 | 5,944. | 21. | |

Worksheets 1 through 6 are **not** required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records.

| | | | |
|---------|-------------------------------------|-----------|---|
| CA 3801 | SUMMARY OF PASSIVE ACTIVITIES - AMT | STATEMENT | 9 |
|---------|-------------------------------------|-----------|---|

| R R E A NAME | FORM OR SCHEDULE | GAIN/LOSS | PRIOR YEAR C/O | NET GAIN/LOSS | UNALLOWED LOSS | ALLOWED LOSS |
|--|------------------------|-----------|-------------------|------------------|-------------------|-----------------|
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | FORM 4797 | 21. | | 21. | | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | SCH E | -3,253. | -2,712. | -5,965. | 5,944. | 21. |
| TOTALS | | -3,232. | -2,712. | -5,944. | 5,944. | 21. |

2012 TAX RETURN FILING INSTRUCTIONS

CONNECTICUT INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2012

| | | | | | | | | | | | | | |
|--|---|-------------------------|----|---|--------------------------------|----|---|------------------------------|----|---|--------------------|-----------|----------|
| Prepared for | CHRISTOPHER J & MARY P CHRISTIE [REDACTED] | | | | | | | | | | | | |
| Prepared by | [REDACTED] | | | | | | | | | | | | |
| Amount of tax | <table><tr><td>Total tax</td><td>\$</td><td>3</td></tr><tr><td>Less: payments and credits</td><td>\$</td><td>1</td></tr><tr><td>Plus: interest and penalties</td><td>\$</td><td>0</td></tr><tr><td>BALANCE DUE</td><td>\$</td><td>2</td></tr></table> | Total tax | \$ | 3 | Less: payments and credits | \$ | 1 | Plus: interest and penalties | \$ | 0 | BALANCE DUE | \$ | 2 |
| Total tax | \$ | 3 | | | | | | | | | | | |
| Less: payments and credits | \$ | 1 | | | | | | | | | | | |
| Plus: interest and penalties | \$ | 0 | | | | | | | | | | | |
| BALANCE DUE | \$ | 2 | | | | | | | | | | | |
| Overpayment | <table><tr><td>Miscellaneous Donations</td><td>\$</td><td>0</td></tr><tr><td>Credited to your estimated tax</td><td>\$</td><td>0</td></tr><tr><td>Refunded to you</td><td>\$</td><td>0</td></tr></table> | Miscellaneous Donations | \$ | 0 | Credited to your estimated tax | \$ | 0 | Refunded to you | \$ | 0 | | | |
| Miscellaneous Donations | \$ | 0 | | | | | | | | | | | |
| Credited to your estimated tax | \$ | 0 | | | | | | | | | | | |
| Refunded to you | \$ | 0 | | | | | | | | | | | |
| Make check payable to | SEE SPECIAL INSTRUCTIONS | | | | | | | | | | | | |
| Mail tax return and check (if applicable) to | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FEDERAL FORM 8879 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE CTDRS. | | | | | | | | | | | | |
| Return must be mailed on or before | NOT APPLICABLE | | | | | | | | | | | | |
| Special Instructions | <p>DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE CTDRS.</p> <p>YOUR CHECK FOR \$2, PAYABLE TO COMMISSIONER OF REVENUE SERVICES, MUST BE MAILED BY OCTOBER 15, 2013. BE SURE TO ATTACH YOUR PAYMENT TO CONNECTICUT FORM CT-1040V, PAYMENT VOUCHER.</p> <p>MAIL TO - DEPARTMENT OF REVENUE SERVICES STATE OF CONNECTICUT P.O. BOX 2921 HARTFORD, CT 06104-2921</p> <p>INCLUDE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER AND</p> | | | | | | | | | | | | |

**Special
Instructions**

THE WORDS "2012 FORM CT-1040NR/PY" ON YOUR CHECK.

CT-1040V
2012 Connecticut Electronic Filing Payment Voucher

You must **pay in full** the total amount of tax due. If payment is not made on or before April 15, 2013, the tax due is subject to penalty and interest.

Balance Due Payment Options

A. Pay Electronically: Visit www.ct.gov/TSC to use the **Taxpayer Service Center (TSC)** to make a direct tax payment. After logging into the TSC, select the *Make Payment Only* option and choose a tax type from the drop down box. Using this option authorizes the Department of Revenue Services (DRS) to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically you must still file your return by the due date. Tax not paid on or before the due date will be subject to penalty and interest.

B. Pay by Credit Card or Debit Card: You may elect to pay your 2012 tax liability using a credit card (American Express®, Discover®, MasterCard®, Visa®) or comparable debit card. A convenience fee will be charged by the service provider. You will be informed of the amount of the fee and may elect to cancel the transaction. At the end of the transaction, you will be given a confirmation number for your records.

There are three ways to pay by credit card or comparable debit card:

- Log in to your account in the TSC and select *Make Payment by Credit Card*,
- Visit www.officialpayments.com and select *State Payments*, or
- Call Official Payments Corporation toll-free at **800-2PAY-TAX** (800-272-9829) and follow the instructions.
You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.

C. Pay by Mail: Make your check payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "CT-1040V efile" and your Social Security Number (SSN), optional, on the front of your check. Be sure to sign your check. **Do not send cash.** DRS may submit your check to your bank electronically. Return form CT-1040V below with your payment.

Mail to: Department of Revenue Services
State of Connecticut
PO Box 2921
Hartford CT 06104-2921

241451
12-06-12

----- *Separate here and mail voucher to DRS. Make a copy for your records.* -----

| | | | | | | | | | | | | | | | | | |
|--|-----------------------------------|--|-----------------------------------|------------------------------|-----------------------------|---|-----------------------------------|------------------------------|---------------------------------|--|--|----------------------|--|----------------------------|---------------------|------------------------|--|
| <div style="display: flex; justify-content: space-between;"><div>Department of Revenue Services State of Connecticut (Rev. 12/12)</div><div style="text-align: center;">CT-1040V 2012 Connecticut Electronic Filing Payment Voucher</div></div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>1. Enter the amount enclosed \$ <u>2.00</u></div><div><input type="checkbox"/> Check here if this is the first time you are filing a Connecticut income tax return.</div></div><div style="margin-top: 5px;">2. Make check payable to Commissioner of Revenue Services.</div><div style="margin-top: 5px;">3. Write your SSN (optional) and "CT-1040V efile" on your check.</div><div style="margin-top: 5px;">4. Mail to: DRS PO Box 2921, State of Connecticut, Hartford CT 06104-2921</div></div> | | <div style="text-align: center;">DRS use only 112</div> <div style="border: 1px solid black; height: 20px; margin: 5px 0;"></div> <div style="text-align: center; font-size: 1.2em; margin: 10px 0;">2012</div> <div style="display: flex; justify-content: space-around; margin: 5px 0;"><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">2</div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">1</div><div style="border: 1px solid black; padding: 2px;">3</div></div> <div style="display: flex; justify-content: space-around; margin: 5px 0;"><div style="border: 1px solid black; padding: 2px;">C</div><div style="border: 1px solid black; padding: 2px;">C</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div style="border: 1px solid black; height: 20px; margin: 5px 0;"></div> <div style="text-align: center; margin: 5px 0;">735</div> <div style="text-align: center; margin: 5px 0;">ELF</div> | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%; border-bottom: 1px solid black;">Your first name CHRISTOPHER J</td><td style="width: 20%; border-bottom: 1px solid black;">Middle initial CHRISTIE</td><td style="width: 30%; border-bottom: 1px solid black;">Last name CHRISTIE</td><td style="width: 20%; border-bottom: 1px solid black;">Your SSN *** - ** - ****</td></tr><tr><td style="border-bottom: 1px solid black;">If a joint return, spouse's first name MARY P</td><td style="border-bottom: 1px solid black;">Middle initial CHRISTIE</td><td style="border-bottom: 1px solid black;">Last name CHRISTIE</td><td style="border-bottom: 1px solid black;">Spouse's SSN *** - ** - ****</td></tr><tr><td colspan="2" style="border-bottom: 1px solid black;">Home address (number and street) [REDACTED]</td><td colspan="2" style="border-bottom: 1px solid black;">PO Box [REDACTED]</td></tr><tr><td style="border-bottom: 1px solid black;">City or town [REDACTED]</td><td style="border-bottom: 1px solid black;">State [REDACTED]</td><td colspan="2" style="border-bottom: 1px solid black;">ZIP code [REDACTED]</td></tr></table> | | Your first name CHRISTOPHER J | Middle initial CHRISTIE | Last name CHRISTIE | Your SSN *** - ** - **** | If a joint return, spouse's first name MARY P | Middle initial CHRISTIE | Last name CHRISTIE | Spouse's SSN *** - ** - **** | Home address (number and street) [REDACTED] | | PO Box [REDACTED] | | City or town [REDACTED] | State [REDACTED] | ZIP code [REDACTED] | |
| Your first name CHRISTOPHER J | Middle initial CHRISTIE | Last name CHRISTIE | Your SSN *** - ** - **** | | | | | | | | | | | | | | |
| If a joint return, spouse's first name MARY P | Middle initial CHRISTIE | Last name CHRISTIE | Spouse's SSN *** - ** - **** | | | | | | | | | | | | | | |
| Home address (number and street) [REDACTED] | | PO Box [REDACTED] | | | | | | | | | | | | | | | |
| City or town [REDACTED] | State [REDACTED] | ZIP code [REDACTED] | | | | | | | | | | | | | | | |

1202110191

Form CT-1040NR/PY-2012, Page 1 of 4
Connecticut Nonresident and Part-Year Resident Income Tax Return

Other taxable year, beginning: 2012 and ending:

N S Y FJFC N FJC N FSFC N FSC N HH N QW

*** - ** - ***** *** - ** - *****

| | | | | | | |
|-------------|---|----------|---|------|---|---|
| CHRISTOPHER | J | CHRISTIE | N | Dec. | N | P |
| MARY | P | CHRISTIE | N | Dec. | Y | N |

[REDACTED]

N CT-2210

N CT-8379 N CT-1040CRC

[REDACTED]

[REDACTED]

| | | |
|---|-----|--------|
| 1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4) | 1. | 478977 |
| 2. Additions to federal adjusted gross income (from Schedule 1, Line 41) | 2. | 0 |
| 3. Add Line 1 and Line 2 | 3. | 478977 |
| 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52) | 4. | 1085 |
| 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3. | 5. | 477892 |
| 6. Income from Connecticut sources (from Schedule CT-SI, Line 30) | 6. | 35 |
| 7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12. | 7. | 477892 |
| 8. Income tax | 8. | 28762 |
| 9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered. | 9. | 0.0001 |
| 10. Line 9 multiplied by Line 8 | 10. | 3 |
| 11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61) | 11. | 0 |
| 12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered. | 12. | 3 |
| 13. Connecticut alternative minimum tax (from Form CT-6251) | 13. | 0 |
| 14. Add Line 12 and Line 13. | 14. | 3 |
| 15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11) | 15. | 1 |
| 16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered. | 16. | 2 |
| 17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered. | 17. | 0 |
| 18. Total tax: Add Line 16 and Line 17. | 18. | 2 |

Clip check here. Do not staple.
Do not send W-2 or 1099 forms.

241121
11-27-12

19. Amount from Line 18

19. 2

W-2, W-2G, and 1099 Information

Col. A - Employer's Federal ID #

Col. B - CT Wages, Tips, etc.

Sch. CT K-1

Col. C - CT Income Tax Withheld

| | | | | | |
|------|---|---|---|---|---|
| 20a. | - | • | 0 | • | 0 |
| 20b. | - | • | 0 | • | 0 |
| 20c. | - | • | 0 | • | 0 |
| 20d. | - | • | 0 | • | 0 |
| 20e. | - | • | 0 | • | 0 |
| 20f. | - | • | 0 | • | 0 |
| 20g. | - | • | 0 | • | 0 |

20h. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20h. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 0

21. All 2012 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

23. Total payments: Add Lines 20, 21, and 22. 23. 0

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 0

25. Amount of Line 24 you want applied to your 2013 estimated tax 25. 0

26. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26. 0

27. Refund: Lines 25 and 26 subtracted from Line 24. 27. 0

If you have not elected to direct deposit, the refund may be issued by debit card or check.

27a. Acct. type Ck. Sv. 27b. Rout. # 27c. Acct. #

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 2

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. 30. 0

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. Total amount due: Add Lines 28 through 31. 32. 2

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature

Date

Daytime telephone number

Spouse's signature (if joint return)

Date

Daytime telephone number

Paid preparer's signature

Date

Telephone number

Preparer's SSN or PTIN

Firm's name, address, and ZIP code

Firm's name, address, and ZIP code

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name

Telephone number

Personal identification number (PIN)

Schedule 1 - Modifications to Federal Adjusted Gross Income

| | | |
|---|-----|------|
| 33. Interest on state and local government obligations other than Connecticut | 33. | 0 |
| 34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 34. | 0 |
| 35. <i>Reserved for future use.</i> | 35. | |
| 36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 36. | 0 |
| 37. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero. | 37. | 0 |
| 38. Loss on sale of Connecticut state and local government bonds | 38. | 0 |
| 39. Domestic production activities (from federal Form 1040, Line 35) | 39. | 0 |
| 40. Other - specify • SEE STATEMENT 1 | 40. | 0 |
| 41. Total additions: Add Lines 33 through 40. | 41. | 0 |
| 42. Interest on U.S. government obligations | 42. | 1085 |
| 43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 43. | 0 |
| 44. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet) | 44. | 0 |
| 45. Refunds of state and local income taxes | 45. | 0 |
| 46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities | 46. | 0 |
| 47. 50% of military retirement pay | 47. | 0 |
| 48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero. | 48. | 0 |
| 49. Gain on sale of Connecticut state and local government bonds | 49. | 0 |
| 50. CHET contributions Acct. #: | 50. | 0 |
| 51. Other - specify • | 51. | 0 |
| 52. Total subtractions: Add Lines 42 through 51. | 52. | 1085 |

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

| | | |
|--|--------|---------------|
| 53. Connecticut AGI during residency portion of taxable year | 53. | 0 |
| | Col. A | Col. B |
| 54. Qualifying jurisdiction's name and two-letter code | 54. • | • |
| 55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet) | 55. | 0 0 |
| 56. Line 55 divided by Line 53. May not exceed 1.0000. | 56. | 0.0000 0.0000 |
| 57. Apportioned income tax | 57. | 0 0 |
| 58. Line 56 multiplied by Line 57 | 58. | 0 0 |
| 59. Income tax paid to a qualifying jurisdiction | 59. | 0 0 |
| 60. Lesser of Line 58 or Line 59 | 60. | 0 0 |
| 61. Total credit: Add Line 60, all columns. | 61. | 0 |

Schedule 3 - Individual Use Tax

| | | |
|--|-------|---|
| 62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7) | 62a. | 0 |
| 62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7) | 62b. | 0 |
| 62c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7) | 62c. | 0 |
| 62. Individual use tax: Add Lines 62a, 62b, and 62c. | 62. • | 0 |

Schedule 4 - Contributions to Designated Charities

| | | |
|--|-------|---|
| 63a. AR | 63a. | 0 |
| 63b. OT | 63b. | 0 |
| 63c. ES/W | 63c. | 0 |
| 63d. BCR | 63d. | 0 |
| 63e. SNS | 63e. | 0 |
| 63f. MFRF | 63f. | 0 |
| 63. Total Contributions: Add Lines 63a through 63f. | 63. • | 0 |

Taxpayer email

Form CT-1040NR/PY

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20g, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at **www.ct.gov/TSC** using the Taxpayer Service Center.)
8. Do not attach or send copies of forms W-2 or 1099.
9. Send **all** four pages of your completed return and any supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2012 Form CT-1040NR/PY" on your check.
12. To mail your return, use the following addresses:

For all tax returns with payment:

Department of Revenue Services
PO Box 2922
Hartford CT 06104-2922

For refunds and tax returns without payment:

Department of Revenue Services
PO Box 2988
Hartford CT 06104-2988
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 27a through 27d have been completed. You **MUST** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.

Do not send this sheet with your return.



**Schedule CT-IT Credit
Income Tax Credit Summary**

2012

Complete this form in blue or black ink only. See instructions before completing.

| | | |
|--|--|---|
| Taxpayer name (if individual) CHRISTOPHER J CHRISTIE | | Social Security Number ***-**-**** |
| Spouse's name (if filing a joint return) MARY P CHRISTIE | | Social Security Number ***-**-**** |
| Taxpayer name (if trust or estate) | | Federal Employer Identification Number (FEIN) |

Part I Tax Credits Applied to Income Tax Liability

| | Column A Tax Credit Limitation | Column B Carryforward From Previous Income Years | Column C 2012 Amount Earned | Column D Amount Applied to 2012 Income Tax Liability | Column E Carryforward Amount to 2013 |
|--|--------------------------------------|--|-----------------------------------|--|--|
| 1. Income tax liability: Enter amount from Form CT-1040, Line 12; Form CT-1040NR/PY, Line 14; Form CT-1040X, Line 16; or Form CT-1041, Line 7. | 3.00 | | | | |
| 2. Qualified Small Business Job Creation Tax Credit: Enter in Column D the lesser of Line 2, Column C, or Line 1, Column A. | | | 00 | 00 | |
| 3. Balance of income tax liability: Subtract Line 2, Column D, from Line 1, Column A. If less than zero, enter "0." | 3.00 | | | | |
| 4. Job Expansion Tax Credit: Enter in Column D the lesser of Line 4, Column C, or Line 3, Column A. | | | 00 | 00 | |
| 5. Balance of income tax liability: Subtract Line 4, Column D, from Line 3, Column A. If less than zero, enter "0." | 3.00 | | | | |
| 6. Angel Investor Tax Credit: Enter in Col. D the lesser of the total of Ln 6, Col. B and Col. C, or Ln 5, Col. A | | 00 | 00 | 00 | 00 |
| 7. Balance of income tax liability: Subtract Line 6, Column D, from Line 5, Column A. If less than zero, enter "0." | 3.00 | | | | |
| 8. Insurance Reinvestment Fund Tax Credit from Form CT-IRF: Enter in Column D the lesser of the total of Line 8, Col B and Col C, or Line 7, Col. A. | | 00 | 00 | 00 | 00 |
| 9. Balance of income tax liability: Subtract Line 8, Column D, from Line 7, Column A. If less than zero, enter "0." | 3.00 | | | | |
| 10. Prior year Connecticut minimum tax or from your 2011 Sch. CT-IT Credit, Ln 10, Col. E (See inst): Enter in Col. D the lesser of your 2012 Form CT-8801, Part II, Ln 30, or Sch. CT-IT Cr, Ln 9, Col A. | | 1.00 | 1.00 | 1.00 | 1.00 |
| 11. Total allowable credits: Add Column D on Lines 2, 4, 6, 8, and 10. Enter the total here and on Form CT-1040, Line 13; Form CT-1040NR/PY, Line 15; Form CT-1040X, Line 17; or Form CT-1041, Line 8. | | | | 1.00 | |

Part II Tax Credits Reported by Pass-Through Entity on Schedule CT K-1 or by a Trust or Estate on Schedule CT-1041 K-1

| Column A Type of Tax Credit | Column B Name of Pass-Through Entity or Trust | Column C FEIN | Column D Amount of Credit |
|---|--|------------------|------------------------------|
| 1. | | ▲ | ▲ |
| 2. | | ▲ | ▲ |
| 3. | | ▲ | ▲ |
| 4. | | ▲ | ▲ |
| 5. | | ▲ | ▲ |
| 6. | | ▲ | ▲ |
| 7. | | ▲ | ▲ |
| 8. Total tax credits reported by a pass-through entity from supplemental schedule (as applicable) | | | |

Form CT-6251

Connecticut Alternative Minimum Tax Return - Individuals

You must attach this form to the back of Form CT-1040 or Form CT-1040NR/PY. Complete in blue or black ink only.

| | | |
|---|-----------|---|
| Your first name and middle initial CHRISTOPHER J CHRISTIE | Last name | Your Social Security Number *** - ** - **** |
| If a joint return, spouse's first name and middle initial MARY P CHRISTIE | Last name | Spouse's Social Security Number *** - ** - **** |

Part I - Read the instructions before you complete this form.

| | | | |
|--|-----|---------|----|
| 1. Federal alternative minimum taxable income: See instructions. | 1. | 447,917 | 00 |
| 2. Additions to federal alternative minimum taxable income: See instructions. | 2. | | 00 |
| 3. Add Line 1 and Line 2. | 3. | 447,917 | 00 |
| 4. Subtractions from federal alternative minimum taxable income: See instructions. | 4. | 1,085 | 00 |
| 5. Adjusted federal alternative minimum taxable income: Subtract Line 4 from Line 3. If filing separately and Line 5 is more than \$232,500, see instructions. | 5. | 446,832 | 00 |
| 6. Enter \$78,750 if filing jointly or qualifying widow(er); \$50,600 if single or head of household; or \$39,375 if filing separately. | 6. | 78,750 | 00 |
| 7. Enter \$150,000 if filing jointly or qualifying widow(er); \$112,500 if single or head of household; or \$75,000 if filing separately. | 7. | 150,000 | 00 |
| 8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9. | 8. | 296,832 | 00 |
| 9. Multiply Line 8 by 25% (.25). | 9. | 74,208 | 00 |
| 10. Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0." If you were under age 24 at the end of 2012, see instructions. | 10. | 4,542 | 00 |
| 11. Subtract Line 10 from Line 5. If more than zero, go to Line 12. If zero or less, enter "0" here and on Line 23 and skip Lines 12 through 22. | 11. | 442,290 | 00 |
| 12. If Lines 2 and 4 above are zero, enter the amount from federal Form 6251, Line 31, here. If you entered an amount on Lines 2 or 4 above and: <ul style="list-style-type: none"> You filed federal Form 2555 or Form 2555-EZ, see the Line 12 instructions for the amount to enter. You completed Part III of federal Form 6251, complete Part II of this form and enter the amount from Line 42 here. All others: If Line 11 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 11 by 26% (.26). Otherwise, multiply Line 11 by 28% (.28) and subtract \$3,500 (\$1,750 if filing separately) from the result. | 12. | 118,772 | 00 |
| 13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32. | 13. | 223 | 00 |
| 14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12. | 14. | 118,549 | 00 |
| 15. Multiply Line 14 by 19% (.19). | 15. | 22,524 | 00 |
| 16. Multiply Line 5 by 5.5% (.055). | 16. | 24,576 | 00 |
| 17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16. | 17. | 22,524 | 00 |
| 18. Apportionment factor: Residents , enter 1.0000; nonresidents and part-year residents , see instructions. | 18. | .0001 | |
| 19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18. | 19. | 2 | 00 |
| 20. Connecticut income tax from Form CT-1040, Line 6, or Form CT-1040NR/PY, Line 10. | 20. | 3 | 00 |
| 21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0." | 21. | 0 | 00 |
| 22. Credit for alternative minimum tax paid to qualifying jurisdictions: Residents and part-year residents only from Schedule A, Line 51. | 22. | | 00 |
| 23. Subtract Line 22 from Line 21. Enter the amount here and on Form CT-1040, Line 9, or Form CT-1040NR/PY, Line 13. | 23. | 0 | 00 |

Part II

Complete Part II of this form only if you are required to complete Part III of federal Form 6251

| | | | |
|--|-----|---------|----|
| 24. Enter the amount from Line 11. If you are filing federal Form 2555 or Form 2555-EZ, enter the amount from Line 3 of the <i>Connecticut Foreign Earned Income Tax Worksheet</i> on Page 4. | 24. | 442,290 | 00 |
| 25. Enter the amount from federal Form 6251, Line 37. See instructions. | 25. | 12,077 | 00 |
| 26. Enter the amount from federal Form 6251, Line 38. See instructions. | 26. | 4 | 00 |
| 27. Enter the amount from federal Form 6251, Line 39. See instructions. | 27. | 12,081 | 00 |
| 28. Enter the smaller of Line 24 or Line 27. | 28. | 12,081 | 00 |
| 29. Subtract Line 28 from Line 24. | 29. | 430,209 | 00 |
| 30. If Line 29 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 29 by 26% (.26). Otherwise, multiply Line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if filing separately) from the result. | 30. | 116,959 | 00 |
| 31. Enter: • \$70,700, if filing jointly or qualifying widow(er); • \$35,350, if single or filing separately; or • \$47,350, if head of household. | 31. | 70,700 | 00 |
| 32. Enter the amount from federal Form 6251, Line 44. See instructions. | 32. | 338,361 | 00 |
| 33. Subtract Line 32 from Line 31. If zero or less, enter "0." | 33. | 0 | 00 |
| 34. Enter the smaller of Line 24 or Line 25. | 34. | 12,077 | 00 |
| 35. Enter the smaller of Line 33 or Line 34. | 35. | | 00 |
| 36. Subtract Line 35 from Line 34. | 36. | 12,077 | 00 |
| 37. Multiply Line 36 by 15% (.15). If Line 26 is zero or blank, skip Lines 38 and 39 and go to Line 40. Otherwise, go to Line 38. | 37. | 1,812 | 00 |
| 38. Subtract Line 34 from Line 28. | 38. | 4 | 00 |
| 39. Multiply Line 38 by 25% (.25). | 39. | 1 | 00 |
| 40. Add Lines 30, 37 and 39. | 40. | 118,772 | 00 |
| 41. If Line 24 is \$175,000 or less (\$87,500 or less if filing separately), multiply Line 24 by 26% (.26). Otherwise, multiply Line 24 by 28% (.28) and subtract \$3,500 (\$1,750 if filing separately) from the result. | 41. | 120,341 | 00 |
| 42. Enter the smaller of Line 40 or Line 41 here and on Line 12. If you are filing federal Form 2555 or Form 2555-EZ, do not enter this amount on Line 12. Enter it on Line 4 of the <i>Connecticut Foreign Earned Income Worksheet</i> on Page 4 of the instructions. | 42. | 118,772 | 00 |

Form CT-6251 Schedule A

Schedule A - Credit for Alternative Minimum Tax Paid to Qualifying Jurisdictions

You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed.

43. Modified adjusted federal alternative minimum taxable income: See instructions.

43. 00

For each column, enter the following:

44. Enter qualifying jurisdiction's name and two-letter code.
45. Enter the non-Connecticut adjusted federal alternative minimum taxable income included on Line 43 which is subject to a qualifying jurisdiction's alternative minimum tax.
46. Divide Line 45 by Line 43. Round to four decimal places.
47. Enter the net Connecticut minimum tax (from Form CT-6251, Line 21). Part-Year Residents, see instructions.
48. Multiply Line 46 by Line 47.
49. Alternative minimum tax paid to a qualifying jurisdiction: See instructions.
50. Enter the lesser of Line 48 or Line 49.
51. **Total credit:** Add Line 50, all columns. Enter amount here and on Line 22 on page 1 of this form.

| | Column A | | Column B | |
|-----|----------|------|----------|------|
| | Name | Code | Name | Code |
| 44. | | | | |
| 45. | | 00 | | 00 |
| 46. | | | | |
| 47. | | 00 | | 00 |
| 48. | | 00 | | 00 |
| 49. | | 00 | | 00 |
| 50. | | 00 | | 00 |
| 51. | | | | 00 |

Form CT-8801
Credit for Prior Year Connecticut
Minimum Tax for Individuals, Trusts, and Estates

2012

| | | |
|---|------------------------------|---|
| Your first name and middle initial CHRISTOPHER J CHRISTIE | Last name CHRISTIE | Your Social Security Number or FEIN *** - ** - **** |
| If a joint return, spouse's first name and middle initial MARY P CHRISTIE | Last name CHRISTIE | Your Spouse's Social Security Number *** - ** - **** |

Purpose of Form

Individuals, trusts, and estates use Form CT-8801 to compute the adjusted net Connecticut minimum tax credit for the Connecticut alternative minimum tax paid in prior taxable years. The form is also used to figure any minimum tax credit carryforward that may be used in future years.

Who Should File This Form

Individuals, trusts, and estates should file Form CT-8801 if the individuals, trusts, or estates had a Connecticut alternative minimum tax liability in 2011 and adjustments or items of tax preferences (other than exclusion items) in 2011. Also file Form CT-8801 for credit on any minimum tax credit carryforward from a prior year.

To determine the amount of credit carryforward, complete Form CT-8801 for each preceding year. Complete this form in blue or black ink only. Attach Form CT-8801 to the back of your Form CT-1040, Form CT-1040NR/PY, or Form CT-1041.

Part I

Net Minimum Tax on Exclusion Items Calculated at 19%

| | | | |
|--|-----|---------|-----|
| 1. Enter the amount from 2012 federal Form 8801, Line 4. | 1. | 532,437 | 00 |
| 2. Enter the amount from 2011 Form CT-6251, Line 2, or from 2011 Form CT-1041 Schedule I, Line 2. | 2. | 0 | 00 |
| 3. Enter the amount from 2011 Form CT-6251, Line 4, or from 2011 Form CT-1041 Schedule I, Line 4. | 3. | (882 | 00) |
| 4. Adjusted federal alternative minimum taxable income on exclusion items for 2011 Combine Lines 1, 2, and 3. Inter vivos trusts only, see instructions. • If you entered zero ("0") on Line 2 and Line 3, skip Lines 5 through 10 and enter the amount from your 2012 federal Form 8801, Line 11, on Line 11 of this form. | 4. | 531,555 | 00 |
| 5. Enter: \$74,450 if filing jointly or qualifying widow(er) for 2011; \$48,450 if single or head of household for 2011; or \$37,225 if filing separately for 2011. Trusts and estates, enter \$22,500. | 5. | 74,450 | 00 |
| 6. Enter: \$150,000 if filing jointly or qualifying widow(er) for 2011; \$112,500 if single or head of household for 2011; or \$75,000 if filing separately for 2011. Trusts and estates, enter \$75,000. | 6. | 150,000 | 00 |
| 7. Subtract Line 6 from Line 4. If zero or less, enter "0" here and on Line 8 and go to Line 9. | 7. | 381,555 | 00 |
| 8. Multiply Line 7 by 25% (.25). | 8. | 95,389 | 00 |
| 9. Subtract Line 8 from Line 5. If zero or less, enter "0." If under age 24 at the end of 2011, see the instructions. | 9. | 0 | 00 |
| 10. Subtract Line 9 from Line 4. If zero or less, enter "0" here and on Line 16 and skip Lines 11 through 15 and go to Part II. If you filed federal Form 1040NR, see instructions. | 10. | 531,555 | 00 |
| 11. • If you filed federal Form 2555 or Form 2555-EZ for 2011, see the Line 11 instructions for the amount to enter on Line 11. • If you filed federal Form 1040NR for 2011, follow the federal instructions to compute the amount to enter on Line 11. • If you completed federal Form 8801, Part III, complete Part III of this form and enter the amount from Form CT-8801, Part III, Line 50. • All others: If Line 10 is \$175,000 or less (\$87,500 or less, if filing separately for 2011), multiply Line 10 by 26% (.26). Otherwise, multiply Line 10 by 28% (.28) and subtract \$3,500 (\$1,750, if filing separately for 2011) from the result. | 11. | 136,424 | 00 |
| 12. Minimum tax foreign tax credit on exclusion items: Enter the amount from 2012 federal Form 8801, Line 12. | 12. | 718 | 00 |
| 13. 2011 adjusted federal tentative minimum tax on exclusion items: Subtract Line 12 from Line 11. | 13. | 135,706 | 00 |
| 14. 2011 Connecticut minimum tax on exclusion items calculated at 19% (.19): Multiply Line 13 by 19% (.19). | 14. | 25,784 | 00 |
| 15. Apportionment factor: See instructions. | 15. | | |
| 16. Apportioned Connecticut minimum tax on exclusion items calculated at 19% (.19): Multiply Line 14 by Line 15. | 16. | 0 | 00 |

Part II
Minimum Tax Credit and Carryforward to 2013

| | | | |
|---|-----|--------|----|
| 17. Enter the amount from 2011 Form CT-6251, Line 20, or 2011 Form CT-1041 Schedule I, Line 20. | 17. | 7 | 00 |
| 18. Subtract Line 17 from Line 16. If zero or less, enter "0." | 18. | 0 | 00 |
| 19. Credit for minimum tax paid to qualifying jurisdictions as recalculated: See instructions. | 19. | | 00 |
| 20. Connecticut alternative minimum tax on exclusion items: Subtract Line 19 from Line 18. | 20. | | 00 |
| 21. Enter the amount from Worksheet A, Line 7, below. | 21. | 1 | 00 |
| 22. Subtract Line 20 from Line 21. If zero or less, enter "0." | 22. | 1 | 00 |
| 23. Enter the decimal from Worksheet B, Line 9, below. | 23. | 1.0000 | |
| 24. Multiply Line 22 by Line 23. | 24. | 1 | 00 |
| 25. 2011 minimum tax credit carryforward: Enter the amount from 2011 Sch CT-IT Credit, Line 10, Column E. | 25. | 1 | 00 |
| 26. Total adjusted net Connecticut minimum tax credit available: Add Line 24 and Line 25. | 26. | 2 | 00 |
| 27. Enter 2012 Connecticut income tax minus allowable credits. See instructions. | 27. | 3 | 00 |
| 28. Enter 2012 Connecticut alternative minimum tax minus allowable credits. See instructions. | 28. | 2 | 00 |
| 29. Subtract Line 28 from Line 27. If zero or less, enter "0." | 29. | 1 | 00 |
| 30. 2012 adjusted net Connecticut minimum tax credit: See instructions. | 30. | 1 | 00 |
| 31. <i>Reserved for future use</i> | 31. | | 00 |

Worksheet A (for completing Part II, Line 21)

| | | | |
|---|----|--------|----|
| 1. Enter the amount from 2011 Form CT-6251, Line 15, or 2011 Form CT-1041 Schedule I, Line 15. | 1. | 25,851 | 00 |
| 2. Enter the apportionment factor from 2011 Form CT-6251, Line 18, or 2011 Form CT-1041 Schedule I, Line 18. | 2. | .0003 | |
| 3. Multiply Line 1 by Line 2. | 3. | 8 | 00 |
| 4. Enter the amount from 2011 Form CT-6251, Line 20. Trusts and estates: Enter the amount from 2011 Form CT-1041 Schedule I, Line 20. | 4. | 7 | 00 |
| 5. Subtract Line 4 from Line 3. | 5. | 1 | 00 |
| 6. Enter the amount from 2011 Form CT-6251, Line 22, or 2011 Form CT-1041 Schedule I, Line 22. | 6. | | 00 |
| 7. Subtract Line 6 from Line 5. Enter here and on Part II, Line 21. | 7. | 1 | 00 |

Worksheet B (for completing Part II, Line 23)

| | | | |
|--|----|--------|----|
| 1. Enter the amount from 2011 Form CT-6251, Line 16. Trusts and estates: Enter the amount from 2011 Form CT-1041 Schedule I, Line 16. | 1. | 29,237 | 00 |
| 2. Enter the amount from 2011 Form CT-6251, Line 18. Trusts and estates: Enter the amount from 2011 Form CT-1041 Schedule I, Line 18. | 2. | .0003 | |
| 3. Multiply Line 1 by Line 2. | 3. | 9 | 00 |
| 4. Enter the amount from 2011 Form CT-6251, Line 20. Trusts and estates: Enter the amount from 2011 Form CT-1041 Schedule I, Line 20. | 4. | 7 | 00 |
| 5. Subtract Line 4 from Line 3. | 5. | 2 | 00 |
| 6. Enter the amount from 2011 Form CT-6251, Line 15. Trusts and estates: Enter the amount from 2011 Form CT-1041 Schedule I, Line 15. | 6. | 25,851 | 00 |
| 7. Multiply Line 2 by Line 6. | 7. | 8 | 00 |
| 8. Subtract Line 4 from Line 7. | 8. | 1 | 00 |
| 9. Divide Line 5 by Line 8. Round to 4 decimal places. If the result is one or greater than one, enter 1.0000. Enter here and on Part II, Line 23. | 9. | 1.0000 | |

Part III

Tax Computation Using Maximum Capital Gains Rates

| | | | |
|--|-----|---------|----|
| 32. Enter the amount from Part I, Line 10. If you filed federal Form 2555 or federal Form 2555-EZ for 2011, enter the amount from Line 3 of the Connecticut Foreign Earned Income Tax Worksheet on Page 5. | 32. | 531,555 | 00 |
| 33. Enter the amount from 2012 federal Form 8801, Line 30. | 33. | 68,550 | 00 |
| 34. Enter the amount from 2012 federal Form 8801, Line 31. | 34. | 0 | 00 |
| 35. Enter the amount from 2012 federal Form 8801, Line 32. | 35. | 68,550 | 00 |
| 36. Enter the smaller of Line 32 or Line 35. | 36. | 68,550 | 00 |
| 37. Subtract Line 36 from Line 32. | 37. | 463,005 | 00 |
| 38. If Line 37 is \$175,000 or less (\$87,500 or less, if filing separately for 2011), multiply Line 37 by 26% (.26). Otherwise, multiply Line 37 by 28% (.28) and subtract \$3,500 (\$1,750, if filing separately for 2011) from the result. If you filed federal Form 1040NR, for 2011 follow the federal instructions to calculate this amount. | 38. | 126,141 | 00 |
| 39. Enter: \$69,000 if filing jointly or qualifying widow(er) for 2011; \$34,500 if single or filing separately for 2011; \$46,250 if head of household for 2011; or \$2,300 for a trust or estate If you filed federal Form 1040NR for 2011, follow the federal instructions to calculate this amount. | 39. | 69,000 | 00 |
| 40. Enter the amount from 2012 federal Form 8801, Line 37. | 40. | 367,855 | 00 |
| 41. Subtract Line 40 from Line 39. If zero or less, enter "0." | 41. | 0 | 00 |
| 42. Enter the smaller of Line 32 or Line 33. | 42. | 68,550 | 00 |
| 43. Enter the smaller of Line 41 or Line 42. | 43. | | 00 |
| 44. Subtract Line 43 from Line 42. | 44. | 68,550 | 00 |
| 45. Multiply Line 44 by 15% (.15). | 45. | 10,283 | 00 |
| If Line 34 is "0" or blank, skip Lines 46 and 47 and go to Line 48. Otherwise, go to Line 46. | | | |
| 46. Subtract Line 42 from Line 36. | 46. | | 00 |
| 47. Multiply Line 46 by 25% (.25). | 47. | | 00 |
| 48. Add Lines 38, 45, and 47. | 48. | 136,424 | 00 |
| 49. If Line 32 is \$175,000 or less (\$87,500 or less, if filing separately for 2011), multiply Line 32 by 26% (.26). Otherwise, multiply Line 32 by 28% (.28) and subtract \$3,500 (\$1,750, if filing separately for 2011) from the result. If you filed federal Form 1040NR for 2011, follow the federal instructions to calculate this amount | 49. | 145,335 | 00 |
| 50. Enter the smaller of Line 48 or Line 49 here and on Part I, Line 11. If you filed federal Form 2555 or Form 2555-EZ for 2011, do not enter this amount on Line 11. Instead, enter this amount on Line 4 of the Connecticut Foreign Earned Income Tax Worksheet on Page 5 | 50. | 136,424 | 00 |

Worksheet C - (for full-year resident or part-year resident inter-vivos trusts with one or more nonresident noncontingent beneficiaries only)

| | | | |
|---|----|--|----|
| 1. Combine Part I, Lines 1, 2, and 3 and enter the total here. | 1. | | 00 |
| 2. Enter the amount of Connecticut-sourced income included on Line 1 above. See instructions. | 2. | | 00 |
| 3. Subtract Line 2 from Line 1. Part-year resident trusts only, see instructions. | 3. | | 00 |
| 4. Enter the decimal from 2011 Form CT-1041 Schedule I, Line 5c. | 4. | | |
| 5. Multiply Line 3 by Line 4. | 5. | | 00 |
| 6. Subtract Line 5 from Line 1. Enter the result here and on Part I, Line 4. | 6. | | 00 |

Schedule CT-SI
Nonresident or Part-Year Resident
Schedule of Income From Connecticut Sources

2012

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY.

| | | |
|---|-----------|---|
| Your first name and middle initial CHRISTOPHER J CHRISTIE | Last name | Your Social Security Number *** - ** - **** |
| If joint return, spouse's first name and middle initial MARY P CHRISTIE | Last name | Spouse's Social Security Number *** - ** - **** |

See instructions on Page 28 before completing this schedule. Complete in blue or black ink only.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.**

Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.

Nonresidents: Enter the income received from Connecticut sources.

| | | | |
|---|----|----|----|
| 1. Wages, salaries, tips, etc. | 1 | | |
| 2. Taxable interest | 2 | | |
| 3. Ordinary dividends | 3 | | |
| 4. Alimony received | 4 | | |
| 5. Business income or (loss) | 5 | | |
| 6. Capital gain or (loss) | 6 | 4 | |
| 7. Other gains or (losses) | 7 | | |
| 8. Taxable amount of IRA distributions | 8 | | |
| 9. Taxable amount of pensions and annuities | 9 | | |
| 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 10 | 31 | |
| 11. Farm income or (loss) | 11 | | |
| 12. Unemployment compensation | 12 | | |
| 13. Taxable amount of social security benefits | 13 | | |
| 14. Other income: See instructions | 14 | | |
| 15. Gross income from Connecticut sources: Add Lines 1 through 14. | 15 | 35 | 00 |

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

| | | | |
|--|----|----|----|
| 16. Educator expenses | 16 | | |
| 17. Certain business expenses of reservists, performing artists, and fee-basis government officials | 17 | | |
| 18. Health savings account deduction | 18 | | |
| 19. Moving expenses | 19 | | |
| 20. Deductible part of self-employment tax | 20 | | |
| 21. Self-employed SEP, SIMPLE, and qualified plans | 21 | | |
| 22. Self-employed health insurance deduction | 22 | | |
| 23. Penalty on early withdrawal of savings | 23 | | |
| 24. Alimony paid. Recipient's last name ▶ SSN ▶ | 24 | | |
| 25. IRA deduction | 25 | | |
| 26. Student loan interest deduction | 26 | | |
| 27. Tuition and fees | 27 | | |
| 28. Reserved for future use | 28 | | |
| 29. Total adjustments: Add Lines 16 through 28. | 29 | 0 | |
| 30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY, Line 6. | 30 | 35 | 00 |

This reflects the information on the federal form 1040 as of November 16, 2012. Check the DRS website at www.ct.gov/DRS for any updates.

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income. See instructions, Page 32.

| | | |
|---|---|--|
| A. Working days (or other basis) outside Connecticut | A | |
| B. Working days (or other basis) inside Connecticut | B | |
| C. Total working days: Add Line A and Line B. | C | |
| D. Nonworking days (Holidays, weekends, etc.) | D | |
| E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places. | E | |
| F. Total income being apportioned | F | |
| G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: | G | |

| | | | |
|--------------|--|-----------|---|
| CT-1040NR/PY | ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME | STATEMENT | 1 |
|--------------|--|-----------|---|

| | |
|-------------|--------|
| DESCRIPTION | AMOUNT |
|-------------|--------|

UBT ADDBACK FROM FLOWTHROUGHS

DEPRECIATION ADDBACK FROM FLOWTHROUGHS

TOTAL TO FORM CT-1040NR/PY, SCHEDULE 1, LINE 40

| | | | |
|--------------|--|-----------|---|
| CT SCH CT-SI | RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS, ETC. | STATEMENT | 2 |
|--------------|--|-----------|---|

| | |
|-------------|--------|
| DESCRIPTION | AMOUNT |
|-------------|--------|

CANTOR FITZGERALD LP

TOTAL TO SCH CT-SI, LINE 10

2012 TAX RETURN FILING INSTRUCTIONS

ILLINOIS INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2012

| | | | | | | | | | | | | | |
|--|---|-------------------------|----|---|--------------------------------|----|---|------------------------------|----|---|--------------------|-----------|----------|
| Prepared for | CHRISTOPHER J & MARY P CHRISTIE [REDACTED] | | | | | | | | | | | | |
| Prepared by | [REDACTED] | | | | | | | | | | | | |
| Amount of tax | <table><tr><td>Total tax</td><td>\$</td><td>1</td></tr><tr><td>Less: payments and credits</td><td>\$</td><td>0</td></tr><tr><td>Plus: interest and penalties</td><td>\$</td><td>0</td></tr><tr><td>BALANCE DUE</td><td>\$</td><td>1</td></tr></table> | Total tax | \$ | 1 | Less: payments and credits | \$ | 0 | Plus: interest and penalties | \$ | 0 | BALANCE DUE | \$ | 1 |
| Total tax | \$ | 1 | | | | | | | | | | | |
| Less: payments and credits | \$ | 0 | | | | | | | | | | | |
| Plus: interest and penalties | \$ | 0 | | | | | | | | | | | |
| BALANCE DUE | \$ | 1 | | | | | | | | | | | |
| Overpayment | <table><tr><td>Miscellaneous Donations</td><td>\$</td><td>0</td></tr><tr><td>Credited to your estimated tax</td><td>\$</td><td>0</td></tr><tr><td>Refunded to you</td><td>\$</td><td>0</td></tr></table> | Miscellaneous Donations | \$ | 0 | Credited to your estimated tax | \$ | 0 | Refunded to you | \$ | 0 | | | |
| Miscellaneous Donations | \$ | 0 | | | | | | | | | | | |
| Credited to your estimated tax | \$ | 0 | | | | | | | | | | | |
| Refunded to you | \$ | 0 | | | | | | | | | | | |
| Make check payable to | SEE SPECIAL INSTRUCTIONS | | | | | | | | | | | | |
| Mail tax return and check (if applicable) to | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM IL-8453 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE IDOR. | | | | | | | | | | | | |
| Return must be mailed on or before | NOT APPLICABLE | | | | | | | | | | | | |
| Special Instructions | <p>DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IDOR.</p> <p>YOUR CHECK FOR \$1, PAYABLE TO ILLINOIS DEPARTMENT OF REVENUE, MUST BE MAILED BY OCTOBER 15, 2013. BE SURE TO ATTACH YOUR PAYMENT TO ILLINOIS FORM IL-1040-V, PAYMENT VOUCHER.</p> <p>MAIL TO - ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD, IL 62726-0001</p> <p>INCLUDE YOUR SOCIAL SECURITY NUMBER ON YOUR CHECK.</p> | | | | | | | | | | | | |

Illinois 2012 Individual Income Tax Electronic Filing Declaration
(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

| | | | | |
|---------------------|--|--|-----------|---------------------------------|
| Print or type | CHRISTOPHER J & MARY P CHRISTIE | | | ***-**-**** |
| | First name and middle initial | Spouse's first name (and last name if different) | Last name | Social Security number |
| | [REDACTED] | | | ***-**-**** |
| | Mailing address | | | Spouse's Social Security number |
| | [REDACTED] | [REDACTED] | | |
| | City | State | ZIP | Daytime phone number |

| | | |
|--|----------|-------|
| 1 Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51 | 1 | 23.00 |
| 2 Tax from Form IL-1040, Line 13 | 2 | 1.00 |
| 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (write "0" if none) | 3 | 0.00 |
| 4 Overpayment from Form IL-1040, Line 35 | 4 | .00 |
| 5 Total amount due from Form IL-1040, Line 39 | 5 | 1.00 |
| 6 Filing status: Single/head of household <input checked="" type="checkbox"/> Married filing jointly Married filing separately Widowed | | |

7 Routing no. (RN): _____
8 Account no. (AN): _____
9 Type of account: ☐ Checking ☐ Savings
10 Date the payment is to be electronically withdrawn: _____
11 Electronic funds withdrawal amount: _____ 00
12 Name on account: _____

☐ I consent that my refund may be directly deposited as designated in Step 3 and declare the information on lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

☐ I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2012 Illinois income tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☒ I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Sign here _____
 Your signature Date

 Spouse's signature (if joint return, **both** must sign) Date

| | | | | | |
|---|------------|------------|--------------|---|--|
| | | 09/27/13 | | Check if paid preparer: <input checked="" type="checkbox"/> (See instructions.) | |
| ERO's signature | | Date | | | |
| [Redacted] | | | | [Redacted] | |
| Firm's name or your name if self-employed | | | | Your Social Security number (SSN) or PTIN | |
| [Redacted] | | | | ** - * * * * * | |
| Mailing address | | | | Federal employer identification no. (FEIN) | |
| [Redacted] | | | | [Redacted] | |
| City | State | ZIP | Phone number | | |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | | |

ID: 2BX 249091
IL-8453 (R-12/12) 12-13-12

249121
12-27-12

Cut along the dotted line.

Illinois Department of Revenue

2012 IL-1040-V

Payment Voucher for Individual Income Tax

(R-12/12) ID: 2BX

-**-*

-**-*

Your payment is due April 15, 2013.

CHRISTOPHER J & MARY P CHRISTIE

\$ 1.00

Payment amount


Make your check payable to and mail to
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

Write your Social Security number on your check.

Step 1: Personal Information

-**-*

-**-*

CHRISTOPHER J CHRISTIE
MARY P CHRISTIE


C Filing status (see instructions)

☐ Single or head of household ☒ Married filing jointly ☐ Married filing separately ☐ WidowedD Check if same-sex civil union return (see instructions) ☐

| | | (Whole dollars only) |
|-------------------|--|----------------------|
| Step 2: Income | 1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4. | 1 478,977 .00 |
| | 2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. | 2 1,358 .00 |
| | 3 Other additions. Attach Schedule M. | 3 .00 |
| | 4 Total income. Add Lines 1 through 3. | 4 480,335 .00 |

| | | |
|---------------------------|---|---------------|
| Step 3: Base Income | 5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. | 5 .00 |
| | 6 Illinois Income Tax overpayment included in U.S. 1040, Line 10. | 6 .00 |
| | 7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/> | 7 1,085 .00 |
| | 8 Add Lines 5, 6, and 7. This is the total of your subtractions. | 8 1,085 .00 |
| | 9 Illinois base income. Subtract Line 8 from Line 4. | 9 479,250 .00 |

| | | |
|-----------------------|--|---------------|
| Step 4: Exemptions | 10 a Number of exemptions from your federal return. 6 x \$2,050 a 12,300 .00 | |
| | b If someone can claim you as a dependent, see instructions. x \$2,050 b .00 | |
| | c Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = x \$1,000 c .00 | |
| | d Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = x \$1,000 d .00 | |
| | Exemption allowance. Add Lines a through d. | 10 12,300 .00 |

| | | |
|--------------------------|--|-----------|
| Step 5: Net Income | 11 Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12. | 11 .00 |
| | 12 Nonresidents and part-year residents: Check the box that applies to you during 2012 <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and write the Illinois base income from Sch. NR. Attach Sch. NR. | 12 23 .00 |

| | | |
|----------------|--|----------|
| Step 6: Tax | 13 Residents: Multiply Line 11 by 5% (.05). Nonresidents and part-year residents: Write the tax from Schedule NR. | 13 1 .00 |
| | 14 Recapture of investment tax credits. Attach Schedule 4255. | 14 .00 |
| | 15 Income tax. Add Lines 13 and 14. Cannot be less than zero. | 15 1 .00 |

| | | |
|---|---|----------|
| Step 7: Tax After Non- refundable Credits | 16 Income tax paid to another state while an Illinois resident. Attach Schedule CR. | 16 .00 |
| | 17 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. | 17 .00 |
| | 18 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. | 18 .00 |
| | 19 Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15. | 19 .00 |
| | 20 Tax after nonrefundable credits. Subtract Line 19 from Line 15. | 20 1 .00 |

| | | | | |
|--|-----------|---|-----------|-------|
| | 21 | Tax after nonrefundable credits from Page 1, Line 20. | 21 | 1 .00 |
| Step 8: | 22 | Household employment tax. See instructions. | 22 | .00 |
| Other Taxes | 23 | Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. | 23 | 0 .00 |
| | 24 | Total Tax. Add Lines 21, 22, and 23. | 24 | 1 .00 |
| Step 9: | 25 | Illinois Income Tax withheld. Attach W-2 and 1099 forms. | 25 | .00 |
| Payments and Refundable Credit | 26 | Estimated payments from Forms IL-1040-ES and IL-505-I, including overpayment applied from 2011 return. | 26 | .00 |
| | 27 | Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T. | 27 | .00 |
| | 28 | Earned Income Credit from Schedule ICR. Attach Schedule ICR. | 28 | .00 |
| | 29 | Total payments and refundable credit. Add Lines 25 through 28. | 29 | .00 |
| Step 10: | 30 | Overpayment. If Line 29 is greater than Line 24, subtract Line 24 from Line 29. | 30 | .00 |
| Result | 31 | Underpayment. If Line 24 is greater than Line 29, subtract Line 29 from Line 24. | 31 | 1 .00 |
| Step 11: | 32 | Late-payment penalty for underpayment of estimated tax. | 32 | .00 |
| Underpayment of Estimated Tax Penalty and Donations | | a Check if at least two-thirds of your federal gross income is from farming. <input type="checkbox"/> | | |
| | | b Check if you or your spouse are 65 or older and permanently living in a nursing home. <input type="checkbox"/> | | |
| | | c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210. <input type="checkbox"/> | | |
| | | d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. <input type="checkbox"/> | | |
| | 33 | Voluntary charitable donations. Attach Schedule G. | 33 | .00 |
| | 34 | Total penalty and donations. Add Lines 32 and 33. | 34 | .00 |
| Step 12: | 35 | If you have an overpayment on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your remaining overpayment . | 35 | .00 |
| Refund or Amount You Owe | 36 | Amount from Line 35 you want refunded to you . If you want to deposit your refund directly into your checking or savings account, complete the direct deposit information on Line 37. | 36 | .00 |
| | 37 | Complete to direct deposit your refund <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Routing number _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account number _____ </div> | | |
| | 38 | Subtract Line 36 from Line 35. This amount will be applied to your 2013 estimated tax . | 38 | .00 |
| | 39 | If you have an underpayment on Line 31, add Lines 31 and 34. OR If you have an overpayment on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe . | 39 | 1 .00 |

Step 13: Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Sign and Date

| | | | | |
|---------------------------------|------------|-------------------------------|-------------------------------------|------------|
| Your signature _____ | Date _____ | Daytime phone number _____ | Your spouse's signature _____ | Date _____ |
| 09/27/13 | | | | |
| Paid preparer's signature _____ | Date _____ | Preparer's phone number _____ | Preparer's FEIN, SSN, or PTIN _____ | |

Third Party Designee ☒ Check, and complete below, to allow another person to discuss this return with the Illinois Department of Revenue.

| | |
|--------------------------------------|-------------------------------|
| Designee's Name (please print) _____ | Designee's Phone number _____ |
|--------------------------------------|-------------------------------|

Form 1099-G Information ☐ We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website.
Check the box if you still want us to mail you a paper Form 1099-G next year.

☐ If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 1040
GALESBURG IL 61402-1040

☐ If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

248002
01-03-13

ID: 2BX

IL-1040 page 2 (R-12/12)

DR _____ AP _____ RR _____ DC _____



Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

Step 1: Provide the following information**CHRISTOPHER J & MARY P CHRISTIE**

Your name as shown on Form IL-1040.

*** - ** - ****

Your Social Security number.

Step 2: Figure your additions for Form IL-1040, Line 3

Write the amount of

(Whole dollars only)

| | | |
|---|-----------|-----|
| 1 Your child's federally tax-exempt interest and dividend income as reported on U.S. Form 8814 | 1 | .00 |
| 2 Distributive share of additions you received from a partnership, S corporation, trust, or estate. Attach Illinois Schedule K-1-P or Schedule K-1-T. | 2 | .00 |
| 3 Lloyds plan of operations loss, if reported on your behalf on Form IL-1023-C and included in your adjusted gross income | 3 | .00 |
| 4 Earnings distributed from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs or programs that meet certain disclosure requirements - see instructions.) | 4 | .00 |
| 5 Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. Attach Form IL-4562. | 5 | .00 |
| 6 Business expense recapture (nonresidents only) | 6 | .00 |
| 7 Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan | 7 | .00 |
| 8 Credit taken on Schedule 1299-C for student-assistance contributions you made as an employer | 8 | .00 |
| 9 Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses or refunded | 9 | .00 |
| 10 Other income - Identify each item _____ | 10 | .00 |
| 11 Total Additions. Add Lines 1 through 10. Write the amount here and on Form IL-1040, Line 3. | 11 | .00 |

Step 3: Figure your subtractions for Form IL-1040, Line 7

Write the amount of

| | | |
|--|------------|-----------|
| 12 Contributions made to the following college savings plans: | | |
| a "Bright Start" College Savings Pool | 12a | .00 |
| b "College Illinois" Prepaid Tuition Program | 12b | .00 |
| c "Bright Directions" College Savings Pool | 12c | .00 |
| 13 Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not include any amounts contained in Lines 20 or 22 of this schedule.) Attach Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. | 13 | .00 |
| 14 Restoration of amounts held under claim of right under Internal Revenue Code, Section 1341 | 14 | .00 |
| 15 Contributions to a job training project | 15 | .00 |
| 16 Expenses related to federal credits or federally tax-exempt income | 16 | .00 |
| 17 Interest earned on investments through the Home Ownership Made Easy Program | 17 | .00 |
| 18 Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. Attach Form IL-4562. | 18 | .00 |
| Write the following only if included in Form IL-1040, Lines 1, 2, or 3: | | |
| 19 Military pay earned. Attach military W-2. | 19 | .00 |
| 20 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040A or 1040. Attach a copy of U.S. 1040A or 1040, Schedule B, if required federally. SEE STATEMENT 1 | 20 | 1,085 .00 |
| 21 August 1, 1969, valuation limitation amount from your Schedule F, Line 17. Attach Schedule F and required federal forms. | 21 | .00 |
| 22 Enterprise or river edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 2, Line 10. Attach Schedule 1299-C. | 22 | .00 |
| 23 Add Lines 12a through 22 and write the amount here and on Page 2, Line 24. | 23 | 1,085 .00 |

Step 3: Continued

| | |
|---|---------------------------|
| 24 Write the amount from Page 1, Line 23. | 24 <u>1,085.00</u> |
| 25 Recovery of items previously deducted on U.S. 1040, Schedule A (including refunds of any state and local income taxes, other than Illinois). Attach a copy of U.S. 1040, Page 1, and required federal forms. | 25 <u>.00</u> |
| 26 Ridesharing money and other benefits | 26 <u>.00</u> |
| 27 Payment of life insurance, endowment, or annuity benefits received | 27 <u>.00</u> |
| 28 Loyds plan of operations income if reported on your behalf on Form IL-1023-C | 28 <u>.00</u> |
| 29 Income earned by certain trust accounts established under the Illinois Pre-Need Cemetery Sales Act | 29 <u>.00</u> |
| 30 Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act | 30 <u>.00</u> |
| 31 Reparations or other amounts received as a victim of persecution by Nazi Germany | 31 <u>.00</u> |
| 32 Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund. | |
| a Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes) | 32a <u>.00</u> |
| b Export Development Act of 1983 bonds | 32b <u>.00</u> |
| c Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only) | 32c <u>.00</u> |
| d Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority) | 32d <u>.00</u> |
| e College Savings bonds | 32e <u>.00</u> |
| f Illinois Sports Facilities Authority bonds | 32f <u>.00</u> |
| g Higher Education Student Assistance Act bonds | 32g <u>.00</u> |
| h Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87 | 32h <u>.00</u> |
| i Rural Bond Bank Act bonds and notes | 32i <u>.00</u> |
| j Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act | 32j <u>.00</u> |
| k Quad Cities Interstate Metropolitan Authority bonds | 32k <u>.00</u> |
| l Southwestern Illinois Development Authority bonds | 32l <u>.00</u> |
| m Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55 or the Asbestos Abatement Finance Act | 32m <u>.00</u> |
| n Illinois Power Agency bonds issued by the Illinois Finance Authority | 32n <u>.00</u> |
| o Central Illinois Economic Development Authority bonds | 32o <u>.00</u> |
| p Eastern Illinois Economic Development Authority bonds | 32p <u>.00</u> |
| q Southeastern Illinois Economic Development Authority bonds | 32q <u>.00</u> |
| r Southern Illinois Economic Development Authority bonds | 32r <u>.00</u> |
| s Illinois Urban Development Authority bonds | 32s <u>.00</u> |
| t Downstate Illinois Sports Facilities Authority bonds | 32t <u>.00</u> |
| u Western Illinois Economic Development Authority bonds | 32u <u>.00</u> |
| v Upper Illinois River Valley Development Authority Act bonds | 32v <u>.00</u> |
| w Will-Kankakee Regional Development Authority bonds | 32w <u>.00</u> |
| 33 Interest on the following non-U.S. government bonds. | |
| a Bonds issued by the government of Guam | 33a <u>.00</u> |
| b Bonds issued by the government of Puerto Rico | 33b <u>.00</u> |
| c Bonds issued by the government of the Virgin Islands | 33c <u>.00</u> |
| d Bonds issued by the government of American Samoa | 33d <u>.00</u> |
| e Bonds issued by the government of the Northern Mariana Islands | 33e <u>.00</u> |
| f Mutual mortgage insurance fund bonds | 33f <u>.00</u> |
| 34 Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 20, 32 or 33 as reported on U.S. Form 8814 | 34 <u>.00</u> |
| 35 Railroad sick pay and unemployment income. Attach Form 1099-G and a copy of your federal return. | 35 <u>.00</u> |
| 36 Unjust imprisonment compensation awarded by Illinois Court of Claims | 36 <u>.00</u> |
| 37 Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity or Lifetime Learning Credit | 37 <u>.00</u> |
| 38 Total Subtractions. Add Lines 24 through 37. Write the amount here and on Form IL-1040, Line 7. | 38 <u>1,085.00</u> |

Nonresident and Part-Year Resident
Computation of Illinois Tax

IL Attachment No. 2

CHRISTOPHER J & MARY P CHRI

Your name as shown on your Form IL-1040

-**-*

Your Social Security number

Step 1: Provide the following information

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
☐ Yes ☒ No If you answered "Yes," **STOP** you cannot use this form (see instructions).
- 2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2012.
- a I lived in Illinois from / / to / / I lived in State from / / to / /
Month Day Year Month Day Year Month Day Year Month Day Year
- b My spouse lived in Illinois from / / to / / , and State from / / to / /
Month Day Year Month Day Year Month Day Year Month Day Year
- 3 If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.
☐ Iowa ☐ Kentucky ☐ Michigan ☐ Wisconsin ☐ Military Spouse
- 4 If you earned income or filed a tax return for the tax year in a state other than those listed above, write the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Write the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

| | Column A Federal Total | Column B Illinois Portion |
|--|---------------------------|------------------------------|
| Income 5 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1) | 5 425,088 .00 | .00 |
| 6 Taxable interest (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2) | 6 3,325 .00 | .00 |
| 7 Ordinary dividends (federal Form 1040 or 1040A, Line 9a) | 7 10,132 .00 | .00 |
| 8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Line 10) | 8 .00 | .00 |
| 9 Alimony received (federal Form 1040, Line 11) | 9 .00 | .00 |
| 10 Business income or loss (federal Form 1040, Line 12) | 10 .00 | .00 |
| 11 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10) | 11 16,153 .00 | 2 .00 |
| 12 Other gains or losses (federal Form 1040, Line 14) | 12 3,459 .00 | .00 |
| 13 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b) | 13 .00 | .00 |
| 14 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b) | 14 .00 | .00 |
| 15 Rents, royalties, partnerships, S corporations, trusts, and estates (federal Form 1040, Line 17) SEE STATEMENT 2 | 15 20,820 .00 | 21 .00 |
| 16 Farm income or loss (federal Form 1040, Line 18) | 16 .00 | .00 |
| 17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3) | 17 .00 | .00 |
| 18 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b) | 18 .00 | .00 |
| 19 Other income (federal Form 1040, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B. | 19 .00 | .00 |
| 20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income. | 20 | 23 .00 |

Step 3: Continued

| | Column A Federal Total | Column B Illinois Portion |
|--|---------------------------|------------------------------|
| 21 Write the Illinois portion of your federal total income from Page 1, Step 3, Line 20. | 21 | 23 .00 |
| 22 Educator expenses (federal Form 1040, Line 23; or 1040A, Line 16) | 22 .00 | .00 |
| 23 Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24) | 23 .00 | .00 |
| 24 Health savings account deduction (federal Form 1040, Line 25) | 24 .00 | .00 |
| 25 Moving expenses (federal Form 1040, Line 26) | 25 .00 | .00 |
| 26 Deductible part of self-employment tax (federal Form 1040, Line 27) | 26 .00 | .00 |
| 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040, Line 28) | 27 .00 | .00 |
| 28 Self-employed health insurance deduction (federal Form 1040, Line 29) | 28 .00 | .00 |
| 29 Penalty on early withdrawal of savings (federal Form 1040, Line 30) | 29 .00 | .00 |
| 30 Alimony paid (federal Form 1040, Line 31a) | 30 .00 | .00 |
| 31 IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17) | 31 .00 | .00 |
| 32 Student loan interest deduction (federal Form 1040, Line 33; or 1040A, Line 18) | 32 .00 | .00 |
| 33 Tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19) | 33 .00 | .00 |
| 34 Domestic production activities deduction (federal Form 1040, Line 35) | 34 .00 | .00 |
| 35 Other adjustments (see instructions) | 35 .00 | .00 |
| 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income. | 36 | .00 |
| 37 Write your adjusted gross income as reported on your federal Form 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4. | 37 478,977 .00 | |
| 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. | 38 | 23 .00 |

Step 4: Figure your Illinois additions and subtractions

In Column A, write the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

| | Column A Form IL-1040 Total | Column B Illinois Portion |
|---|--------------------------------|------------------------------|
| 39 Federally tax-exempt interest income (Form IL-1040, Line 2) | 39 1,358 .00 | .00 |
| 40 Other additions (Form IL-1040, Line 3) | 40 .00 | .00 |
| 41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. | 41 | 23 .00 |
| 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5) | 42 .00 | .00 |
| 43 Illinois Income Tax overpayment included on your U.S. 1040, Line 10. (Form IL-1040, Line 6) | 43 .00 | .00 |
| 44 Other subtractions (Form IL-1040, Line 7) SEE STATEMENT 3 | 44 1,085 .00 | .00 |
| 45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. | 45 | .00 |

Step 5: Figure your Illinois income and tax

| | | |
|--|-----------------------|--------|
| 46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, write zero. This is your Illinois base income . Write this amount on your Form IL-1040, Line 12. | 46 | 23 .00 |
| If Line 46 is zero, skip Lines 47 through 51, and write "0" on Line 52. | | |
| 47 Write the base income from Form IL-1040, Line 9. | 47 479,250 .00 | |
| 48 Divide Line 46 by Line 47 (carry to three decimal places). Write the appropriate decimal. If Line 46 is greater than Line 47, write 1.000. | 48 .000 | |
| 49 Write your exemption allowance from your Form IL-1040, Line 10. | 49 12,300 .00 | |
| 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. | 50 | 0 .00 |
| 51 Subtract Line 50 from Line 46. This is your Illinois net income. | 51 | 23 .00 |
| 52 Multiply the amount on Line 51 by 5% (.05). This amount may not be less than zero. This is your tax . Write this amount on your Form IL-1040, Line 13. | 52 | 1 .00 |

| IL-SCHEDULE M | U.S. GOVERNMENT OBLIGATIONS | STATEMENT | 1 |
|--|-----------------------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | | 1,085.00 | |
| TOTAL TO FORM IL-SCHEDULE M, LINE 20 | | 1,085.00 | |

| IL SCHEDULE NR | LINE 15 PASSTHROUGH STATEMENT | STATEMENT | 2 |
|----------------------|-------------------------------|-----------|---|
| DESCRIPTION | TAXPAYER | SPOUSE | |
| CANTOR FITZGERALD LP | 0. | 21. | |
| | 0. | 21. | |

| IL SCHEDULE NR | OTHER SUBTRACTIONS | STATEMENT | 3 |
|----------------------------------|-----------------------|---------------------|---|
| DESCRIPTION | FORM IL-1040 TOTAL | ILLINOIS PORTION | |
| U.S. INTEREST FROM IL SCHEDULE M | 1,085. | 0. | |
| TOTAL TO SCHEDULE NR, LINE 44 | 1,085. | 0. | |

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **08**

(99) ▶ Information about Schedule B (Form 1040A or 1040) and its instructions is at www.irs.gov/form1040.

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I
Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶

GOLDMAN SACHS

THE MARY PAT CHRISTIE 2010 BLIND TRUST

FROM K-1 - CANTOR FITZGERALD LP

Amount

3,303.

22.

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1 2 **3,325.**
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶ 4 **3,325.**

Note. If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

- 5 List name of payer ▶

GOLDMAN SACHS

GOLDMAN SACHS

THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST

THE MARY PAT CHRISTIE 2010 BLIND TRUST

FROM K-1 - CANTOR FITZGERALD LP

Amount

8,247.

1,884.

1.

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶ 6 **10,132.**

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2012, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions **X**

If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶

- 8 During 2012, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? **X**

If "Yes," you may have to file Form 3520. See instructions

2012 TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2012

| | | | | | | | | | | | | | |
|--|--|-------------------------|----|---|--------------------------------|----|---|------------------------------|----|---|--------------------|-----------|----------|
| Prepared for | CHRISTOPHER J & MARY P CHRISTIE [REDACTED] | | | | | | | | | | | | |
| Prepared by | [REDACTED] | | | | | | | | | | | | |
| Amount of tax | <table><tr><td>Total tax</td><td>\$</td><td>1</td></tr><tr><td>Less: payments and credits</td><td>\$</td><td>0</td></tr><tr><td>Plus: interest and penalties</td><td>\$</td><td>0</td></tr><tr><td>BALANCE DUE</td><td>\$</td><td>1</td></tr></table> | Total tax | \$ | 1 | Less: payments and credits | \$ | 0 | Plus: interest and penalties | \$ | 0 | BALANCE DUE | \$ | 1 |
| Total tax | \$ | 1 | | | | | | | | | | | |
| Less: payments and credits | \$ | 0 | | | | | | | | | | | |
| Plus: interest and penalties | \$ | 0 | | | | | | | | | | | |
| BALANCE DUE | \$ | 1 | | | | | | | | | | | |
| Overpayment | <table><tr><td>Miscellaneous Donations</td><td>\$</td><td>0</td></tr><tr><td>Credited to your estimated tax</td><td>\$</td><td>0</td></tr><tr><td>Refunded to you</td><td>\$</td><td>0</td></tr></table> | Miscellaneous Donations | \$ | 0 | Credited to your estimated tax | \$ | 0 | Refunded to you | \$ | 0 | | | |
| Miscellaneous Donations | \$ | 0 | | | | | | | | | | | |
| Credited to your estimated tax | \$ | 0 | | | | | | | | | | | |
| Refunded to you | \$ | 0 | | | | | | | | | | | |
| Make check payable to | SEE SPECIAL INSTRUCTIONS | | | | | | | | | | | | |
| Mail tax return and check (if applicable) to | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM M-8453 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE MDOR. | | | | | | | | | | | | |
| Return must be mailed on or before | NOT APPLICABLE | | | | | | | | | | | | |
| Special Instructions | <p>DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE MDOR.</p> <p>YOUR CHECK FOR \$1, PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, MUST BE MAILED BY OCTOBER 15, 2013. BE SURE TO ATTACH YOUR PAYMENT TO MASSACHUSETTS FORM PV, PAYMENT VOUCHER.</p> <p>MAIL TO - MASS. DEPARTMENT OF REVENUE P.O. BOX 7062 BOSTON, MA 02204</p> <p>BE SURE TO STAPLE YOUR CHECK TO THE FRONT OF FORM PV.</p> | | | | | | | | | | | | |

**Special
Instructions**

INCLUDE YOUR SOCIAL SECURITY NUMBER ON YOUR CHECK.

Form M-8453 Individual Income Tax Declaration for Electronic Filing

2012
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1-December 31, 2012.

| | | |
|---|------------------------------|--|
| Your first name and initial CHRISTOPHER J | Last name CHRISTIE | Declaration control number [REDACTED] |
| If a joint return, spouse's first name and initial MARY P | Last name CHRISTIE | Your Social Security number ***-**-**** |
| Present street address (and apartment number) [REDACTED] | | Spouse's Social Security number ***-**-**** |
| City/Town/Post Office [REDACTED] | State ZIP [REDACTED] | Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household |

Part 1. Tax Return Information for Electronic Filing

| | | | |
|---|--|---|----|
| 1 | Total 5.25% income (from Form 1, line 10, or Form 1-NR/PY, line 12) | 1 | 23 |
| 2 | Income tax after credits (from Form 1, line 31, or Form 1-NR/PY, line 36) | 2 | 1 |
| 3 | Massachusetts use tax (from Form 1, line 33, or Form 1-NR/PY, line 38) | 3 | |
| 4 | Massachusetts income tax withheld (from Form 1, line 36, or Form 1-NR/PY, line 41) | 4 | |
| 5 | Refund amount (from Form 1, line 46, or Form 1-NR/PY, line 51) | 5 | |
| 6 | Tax due (from Form 1, line 47, or Form 1-NR/PY, line 52) | 6 | 1 |

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2012 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

| | | | |
|----------------|------|---|------|
| Your signature | Date | Spouse's signature (if joint return, both must sign) | Date |
|----------------|------|---|------|

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

| | | | |
|--|-------------------------|-------------------------|---|
| ERO's signature and SSN or PTIN [REDACTED] | Date 09/27/13 | EIN **-***** | <input type="checkbox"/> Check if self-employed |
| Firm name (or yours, if self-employed) and address [REDACTED] | City/Town [REDACTED] | State ZIP [REDACTED] | <input checked="" type="checkbox"/> Check if also paid preparer |

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

| | | | |
|--|-----------|-----------|---|
| Paid preparer's signature and SSN or PTIN | Date | EIN | <input type="checkbox"/> Check if self-employed |
| Firm name (or yours, if self-employed) and address | City/Town | State ZIP | |

257061
11-14-12

▼ DETACH HERE ▼

87-12-00014

Form PV

Income Tax Payment Voucher - 2012

**Massachusetts
Department of Revenue**

| | | | |
|---------------------------------------|--|---|-------------------------|
| Social Security number ***-**-**** | Spouse's Social Security number ***-**-**** | Year end date 12/12 | Amount enclosed 1.00 |
| CHRISTOPHER MARY [REDACTED] | J CHRISTIE P CHRISTIE [REDACTED] | Check which form you filed: <input type="checkbox"/> Form 1 <input checked="" type="checkbox"/> Form 1-NR/PY <input type="checkbox"/> Nonresident Composite Return <input type="checkbox"/> Name/address changed since 2011 | |

Pay online at www.mass.gov/dor/payonline. Or, return this voucher with check or money order payable to:
Commonwealth of Massachusetts, and mail to: Massachusetts Department of Revenue, PO Box 7002, Boston, MA 02204.

1019

2012 Form 1-NR/PY
Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1-December 31, 2012 or other taxable
Year beginning Ending

CHRISTOPHER J CHRISTIE
MARY P CHRISTIE

-**-*
-**-*

Apt. no.

State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle

Taxpayer deceased

Fill in if under age 18

Check one: ☒ Nonresident

Part-year resident

Filing as both nonresident and part-year resident

Nonresident composite

1. **Filing status** (select one only):

Single

☒ Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. **Part-year residents.** Enter dates as Massachusetts resident: From

Total days as Massachusetts resident

+ 365 =

2

3. **Total income**

3

478977

4. **Exemptions:**

a. Personal exemptions

4a

8800

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

4

x \$1,000 = 4b

4000

c. Age 65 or over before 2013

You + Spouse =

x \$700 = 4c

d. Blindness

You + Spouse =

x \$2,200 = 4d

e. 1. Medical/dental

2. Adoption

1 + 2 = 4e

f. Total exemptions. Add items 4a through 4e. Enter here and on line 22a

4f

12800

5. Wages, salaries, tips

5

6. Taxable pensions and annuities

6

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

Spouse's signature

Date

May the Department of Revenue discuss this return with the preparer shown here?

☒ Yes

I do not want preparer to file my return electronically

(this may delay your refund)

Print paid preparer's name

Date

Check if self-employed

Paid preparer's SSN

09/27/13

Paid preparer's signature

Paid preparer's phone

Paid preparer's EIN

2012 Form 1-NR/PY, pg. 2

Massachusetts Nonresident/Part-Year Resident Income Tax Return

-**-*

| | | | | | | |
|---|---|-----------------|-----|--------|-----|--------|
| 7. Mass. bank interest: a. ▶ | 1 | - b. exemption | 200 | STMT 3 | =7 | 0 |
| 8. Business/profession or farm income or loss | | | | ▶ 8 | | |
| 9. Rental, royalty and REMIC, partnership, S corp., trust income/loss | | | | ▶ 9 | | 23 |
| 10a. Unemployment | | | | ▶ 10a | | |
| 10b. Mass. lottery winnings | | | | ▶ 10b | | |
| 11. Other income | | | | ▶ 11 | | |
| 12. TOTAL 5.25% INCOME | | | | 12 | | 23 |
| 13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other: | | | | | | |
| Working days (or other basis) outside Massachusetts | | | | | 13a | |
| Working days (or other basis) inside Massachusetts | | | | | 13b | |
| Total working days | | | | | 13c | |
| Nonworking days (holidays, weekends, etc.) | | | | | 13d | |
| Massachusetts ratio | | | | ▶ | 13e | |
| Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2 | | | | | 13f | |
| Massachusetts income | | | | | 13g | |
| 14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO | | | | | | |
| a. Total 5.25% income | | | | | 14a | 23 |
| b. Interest income | | | | | 14b | 1 |
| c. Total capital gain income | | | | | 14c | 3 |
| d. Total income this return | | | | | 14d | 27 |
| e. Non-Massachusetts source income. Not less than "0" | | SEE STATEMENT 1 | | ▶ | 14e | 477866 |
| f. Total income | | SEE STATEMENT 2 | | | 14f | 477893 |
| g. Deduction and exemption ratio | | | | | 14g | .0001 |
| 15a. Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement | | | | ▶ | 15a | |
| 15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement | | | | ▶ | 15b | |

2012 Form 1-NR/PY, pg. 3
Massachusetts Nonresident/Part-Year Resident Income Tax Return

CHRISTOPHER

J CHRISTIE

-**-*

16. Child under age 13, or disabled dependent/spouse care expenses ▶ 16
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/12, or disabled dependent(s)
Not more than two. a. ▶ 1 x \$3,600 = ▶ 17
18. Rental deduction. a. ▶ 18
Nonresidents, during 2012, did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? Yes No. If "Yes," you do **not** qualify for this deduction. ÷ 2 = ▶ 18
19. Other deductions from Schedule Y, line 17 ▶ 19
20. **Total deductions.** Add lines 15 through 19 ▶ 20
21. **5.25% INCOME AFTER DEDUCTIONS.** Subtract line 20 from line 12. **Not less than "0"** 21 23
22. Exemption amount. a. 12800 ▶ 22 1
23. **5.25% INCOME AFTER EXEMPTIONS.** Subtract line 22 from line 21. **Not less than "0"** 23 22
24. **INTEREST AND DIVIDEND INCOME** ▶ 24
25. **TOTAL TAXABLE 5.25% INCOME.** Add lines 23 and 24 25 22
26. **TAX ON 5.25% INCOME.** Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585 ▶ 26 1
27. **12% INCOME.** Not less than "0." a. ▶ 0 x .12 = 27
28. **TAX ON LONG-TERM CAPITAL GAINS.** **Not less than "0."** Fill in if filing Schedule D-IS ▶ 28
Fill in if any excess exemptions were used in calculating lines 24, 27 or 28 ▶
29. Credit recapture amount
▶ BC EOA LIH HR ▶ 29
30. Additional tax on installment sale ▶ 30
31. If you qualify for No Tax Status, fill in and enter "0" on line 32 ▶
32. **TOTAL INCOME TAX.** Add lines 26 through 30 32 1
33. Limited Income Credit ▶ 33
34. Credits from Schedule Z, line 9 ▶ 34
35. Credits from Schedule Z, line 12 ▶ 35
36. **INCOME TAX AFTER CREDITS.** Subtract the total of lines 33 through 35 from line 32. **Not less than "0"** 36 1

2012 Form 1-NR/PY, pg. 4
Massachusetts Nonresident/Part-Year Resident Income Tax Return
-**-*

37. Voluntary Contributions

- a. Endangered Wildlife Conservation ▶ 37a
b. Organ Transplant Fund ▶ 37b
c. Massachusetts AIDS Fund ▶ 37c
d. Massachusetts U.S. Olympic Fund ▶ 37d
e. Massachusetts Military Family Relief Fund ▶ 37e
f. Homeless Animal Prevention and Care ▶ 37f
Total. Add lines 37a through 37f 37

38. Use tax due on out-of-state purchases. If no use tax due enter "0" ▶ 38

39. Health care penalty a. You ▶ b. Spouse ▶ a + b = 39

40. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 39 40

41. Massachusetts income tax withheld ▶ 41

42. 2011 overpayment applied to your 2012 estimated tax ▶ 42

43. 2012 Massachusetts estimated tax payments ▶ 43

44. Payments made with extension ▶ 44

45. Earned Income Credit. a. Number of qualifying children ▶ Amount from U.S. return ▶ x .15 = 45

46. Senior Circuit Breaker Credit ▶ 46

47. Other Refundable Credits ▶ 47

48. TOTAL. Add lines 41 through 47 48

49. Overpayment. Subtract line 40 from line 48 ▶ 49

50. Amount of overpayment you want applied to your 2013 estimated tax ▶ 50

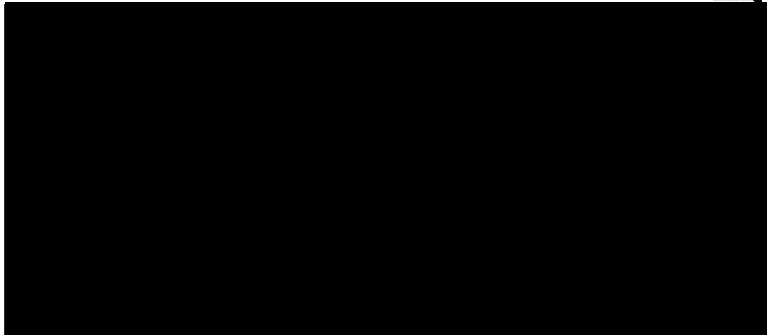
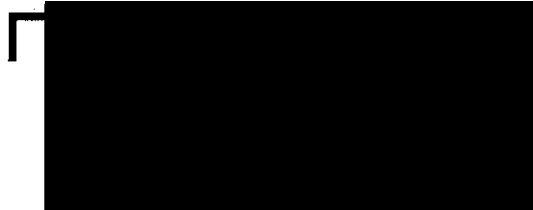
51. Refund. Subtract line 50 from line 49. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204 ▶ 51

Direct deposit of refund. Type of account ▶ checking
savings

RTN # ▶ account # ▶

52. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204 ▶ 52

Interest ▶ Penalty ▶ M-2210 amt. ▶ 0 ▶ X EX enclose
Form M-2210



2012 Schedule DI

CHRISTOPHER

J CHRISTIE

-**-*

Schedule DI. Dependent Information

ANDREW
SON

CHRISTIE

-**-*

Is dependent a qualifying child for earned income credit? X

SARAH
DAUGHTER

CHRISTIE

-**-*

Is dependent a qualifying child for earned income credit? X

PATRICK
SON

CHRISTIE

-**-*

Is dependent a qualifying child for earned income credit? X

BRIDGET
DAUGHTER

CHRISTIE

-**-*

Is dependent a qualifying child for earned income credit? X

Is dependent a qualifying child for earned income credit?

Is dependent a qualifying child for earned income credit?

Is dependent a qualifying child for earned income credit?

Is dependent a qualifying child for earned income credit?

Is dependent a qualifying child for earned income credit?

Is dependent a qualifying child for earned income credit?

2012 Schedule B

CHRISTOPHER

J CHRISTIE

-**-*

Part 1. Interest and Dividend Income

| | | |
|---|---|-------|
| 1. Total interest income | 1 | 4683 |
| 2. Total ordinary dividends | 2 | 10132 |
| 3. Other interest and dividends not included above | 3 | 1 |
| 4. Total interest and dividends | 4 | 14816 |
| 5. Total interest from Massachusetts banks | 5 | 1 |
| 6. Other interest and dividends to be excluded | 6 | 14815 |
| 7. Subtotal | 7 | 0 |
| 8. Allowable deductions from your trade or business | 8 | |
| 9. Subtotal | 9 | |

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

| | | |
|--|----|---|
| 10. Short-term capital gains | 10 | 0 |
| 11. Long-term capital gains on collectibles and pre-1996 installment sales | 11 | |
| 12. Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 12 | |
| 13. Add lines 10 through 12 | 13 | |
| 14. Allowable deductions from your trade or business | 14 | |
| 15. Subtotal | 15 | |
| 16. Short-term capital losses | 16 | |
| 17. Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 17 | |
| 18. Prior short-term unused losses for years beginning after 1981 | 18 | |
| 19. Combine lines 15 through 18 | 19 | |
| 20. Short-term losses applied against interest and dividends | 20 | |

2012 Schedule B, pg. 2

-**-*

| | |
|--|----|
| 21. Available short-term losses | 21 |
| 22. Short-term losses applied against long-term gains | 22 |
| 23. Short-term losses available for carryover in 2013 | 23 |
| 24. Short-term gains and long-term gains on collectibles | 24 |
| 25. Long-term losses applied against short-term gain | 25 |
| 26. Subtotal | 26 |
| 27. Long-term gains deduction | 27 |
| 28. Short-term gains after long-term gains deduction | 28 |

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

| | |
|--|----|
| 29. Enter the amount from line 9 | 29 |
| 30. Short-term losses applied against interest and dividends | 30 |
| 31. Subtotal interest and dividends | 31 |
| 32. Long-term losses applied against interest and dividends | 32 |
| 33. Adjusted interest and dividends | 33 |
| 34. Enter the amount from line 28 | 34 |

Part 4. Taxable Interest, Dividends and Certain Capital Gains

| | | |
|--|------|---|
| 35. Adjusted gross interest, dividends and certain capital gains | ▶ 35 | |
| 36. Excess exemptions | 36 | |
| 37. Subtract line 36 from line 35 | 37 | |
| 38. Interest and dividends taxable at 5.25% | ▶ 38 | 0 |
| 39. Taxable 12% capital gains | ▶ 39 | 0 |
| 40. Available short-term losses for carryover in 2013 | 40 | |

2012 Schedule D
Long-Term Capital Gains and Losses
Excluding Collectibles

CHRISTOPHER

J CHRISTIE

-**-*

Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

| | | | |
|---|---------|----|-------|
| 1. Enter amounts included in U.S. Schedule D, line 8, col. h | | 1 | |
| 2. Enter amounts included in U.S. Schedule D, line 9, col. h | STMT 11 | 2 | -363 |
| 3. Enter amounts included in U.S. Schedule D, line 10, col. h | | 3 | |
| 4. Enter amounts included in U.S. Schedule D, line 11, col. h | STMT 7 | 4 | 348 |
| 5. Enter amounts included in U.S. Schedule D, line 12, col. h | STMT 8 | 5 | 7198 |
| 6. Enter amounts included in U.S. Schedule D, line 13, col. h | STMT 9 | 6 | 1994 |
| 7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II | | 7 | |
| 8. Carryover losses from prior years | | 8 | |
| 9. Combine lines 1 through 8 | | 9 | 9177 |
| 10. Differences, if any | STMT 10 | 10 | -9174 |
| 11. Adjusted capital gains and losses | | 11 | 3 |
| 12. Long-term gains on collectibles and pre-1996 installment sales | | 12 | |
| 13. Subtotal | | 13 | 3 |
| 14. Capital losses applied against capital gains | | 14 | |
| 15. Subtotal | | 15 | 3 |
| 16. Long-term capital losses applied against interest and dividends | | 16 | |
| 17. Subtotal | | 17 | 3 |
| 18. Allowable deductions from your trade or business | | 18 | |
| 19. Subtotal | | 19 | 3 |
| 20. Excess exemptions | | 20 | |
| 21. Taxable long-term capital gains | | 21 | 3 |
| 22. Tax on long-term capital gains | | 22 | |
| 23. Available losses for carryover | | 23 | |

2012 Schedule E

CHRISTOPHER

J CHRISTIE

-**-*

Income or Loss from Real Estate and Royalties:

Income

| | | |
|-----------------------|---|-------|
| 1. Rents received | 1 | |
| 2. Royalties received | 2 | 22633 |

Expenses

| | | |
|---|----|-------|
| 3. Advertising | 3 | |
| 4. Auto and travel | 4 | |
| 5. Cleaning and maintenance | 5 | |
| 6. Commissions | 6 | |
| 7. Insurance | 7 | |
| 8. Legal and other professional fees | 8 | |
| 9. Management fees | 9 | |
| 10. Mortgage interest paid to banks, etc. | 10 | |
| 11. Other interest | 11 | |
| 12. Repairs | 12 | |
| 13. Supplies | 13 | |
| 14. Taxes | 14 | |
| 15. Utilities | 15 | |
| 16. Other expenses | 16 | |
| 17. Add lines 3 through 16 | 17 | |
| 18. Depreciation expense or depletion | 18 | |
| 19. Total expenses. Add lines 17 and 18 | 19 | |
| 20. Income or loss from rental real estate or royalty properties | 20 | 22633 |
| 21. Deductible rental real estate loss | 21 | |
| 22. Income. Enter positive amounts shown on line 20 | 22 | 22633 |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | |
| 24. Rental real estate and royalty income or loss | 24 | 22633 |

2012 Schedule E, pg. 2

-**-*

Income or Loss from Partnerships and S Corporations

| | | |
|---|----------|-------|
| 25. Passive loss allowed | 25 | 21 |
| 26. Passive income | 26 | |
| 27. Non-passive loss | 27 | 3696 |
| 28. Section 179 expense deduction | 28 | 1 |
| 29. Non-passive income | 29 | 1905 |
| 30. Combine lines 26 and 29 | 30 | 1905 |
| 31. Combine lines 25, 27 and 28 | 31 | -3718 |
| 32. Partnership and S corporation income or loss. Combine lines 30 and 31 | 32 | -1813 |
| 33. Interest (other than MA banks) and dividends if included in line 32 | 33 | |
| 34. Interest from Massachusetts banks if included in line 32 | 34 | |
| 35. Total income or loss from partnerships and S corporations | 35 | -1813 |
| 36. Are you reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses? | X Yes No | |

Income or Loss from Estates and Trusts

| | |
|--|----|
| 37. Passive deduction or loss allowed | 37 |
| 38. Passive income | 38 |
| 39. Non-passive deduction or loss | 39 |
| 40. Non-passive other income | 40 |
| 41. Add lines 38 and 40 | 41 |
| 42. Add lines 37 and 39 | 42 |
| 43. Estate and trust income or loss. Combine lines 41 and 42 | 43 |
| 44. Estate or non-grantor-type trust income | 44 |
| 45. Grantor-type trust and non-Massachusetts estate and trust income | 45 |
| 46. Interest and dividends if included in line 45 | 46 |
| 47. Adjustments to 5.25% income | 47 |
| 48. Subtotal. Combine lines 46 and 47 | 48 |
| 49. Income or loss from grantor-type and non-Mass estates and trusts | 49 |

Income or Loss from REMICs

| | |
|-----------------------------|----|
| 50. Excess inclusion | 50 |
| 51. Taxable income or loss | 51 |
| 52. Income | 52 |
| 53. Combine lines 51 and 52 | 53 |

Farm Income

| | |
|------------------------------------|----|
| 54. Net farm rental income or loss | 54 |
|------------------------------------|----|

Summary

| | | |
|---|----|--------|
| 55. Income or loss. Combine lines 24, 35, 49, 53 and 54 | 55 | 20820 |
| 56. Massachusetts differences. Enclose statement SEE STATEMENT 12 | 56 | -20797 |
| 57. Abandoned building renovation deduction | 57 | |
| 58. Total income or loss. Combine lines 55, 56 and 57 | 58 | 23 |

SEPT 27, 2013

17:25:41

2012 Schedule E-1

MARY P CHRISTIE
MCNEIL PPC INC - ROYALTIES

-**-*

Check one: Real estate ☐ Royalty ☒

Income or Loss from Real Estate and Royalties

Income

| | | |
|-----------------------|---|-------|
| 1. Rents received | 1 | |
| 2. Royalties received | 2 | 22617 |

Expenses

| | | |
|--|-----|-------|
| 3. Advertising | 3 | |
| 4. Auto and travel | 4 | |
| 5. Cleaning and maintenance | 5 | |
| 6. Commissions | 6 | |
| 7. Insurance | 7 | |
| 8. Legal and other professional fees | 8 | |
| 9. Management fees | 9 | |
| 10. Mortgage interest paid to banks, etc. | 10 | |
| 11. Other interest | 11 | |
| 12. Repairs | 12 | |
| 13. Supplies | 13 | |
| 14. Taxes | 14 | |
| 15. Utilities | 15 | |
| 16. Other expenses | 16 | |
| 17. Add lines 3 through 16 | 17 | |
| 18. Depreciation expense or depletion | 18 | |
| 19. Total expenses. Add lines 17 and 18 | 19 | |
| 20. Income or loss from rental real estate or royalty properties | 20 | 22617 |
| 21. Deductible rental real estate loss | 21 | |
| 22. Income. Enter positive amounts shown on line 20 | 22 | 22617 |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | |
| 24. Rental real estate and royalty income or loss | 24 | 22617 |
| 25. Was this rental property used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value? | | |
| | Yes | No |

2012 Schedule E-1

MARY P CHRISTIE
THE MARY PAT CHRISTIE 2010

-**-*

Check one: Real estate ☒ Royalty

Income or Loss from Real Estate and Royalties

Income

| | | |
|-----------------------|---|----|
| 1. Rents received | 1 | |
| 2. Royalties received | 2 | 16 |

Expenses

| | | |
|--|-----|----|
| 3. Advertising | 3 | |
| 4. Auto and travel | 4 | |
| 5. Cleaning and maintenance | 5 | |
| 6. Commissions | 6 | |
| 7. Insurance | 7 | |
| 8. Legal and other professional fees | 8 | |
| 9. Management fees | 9 | |
| 10. Mortgage interest paid to banks, etc. | 10 | |
| 11. Other interest | 11 | |
| 12. Repairs | 12 | |
| 13. Supplies | 13 | |
| 14. Taxes | 14 | |
| 15. Utilities | 15 | |
| 16. Other expenses | 16 | |
| 17. Add lines 3 through 16 | 17 | |
| 18. Depreciation expense or depletion | 18 | |
| 19. Total expenses. Add lines 17 and 18 | 19 | |
| 20. Income or loss from rental real estate or royalty properties | 20 | 16 |
| 21. Deductible rental real estate loss | 21 | |
| 22. Income. Enter positive amounts shown on line 20 | 22 | 16 |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | |
| 24. Rental real estate and royalty income or loss | 24 | 16 |
| 25. Was this rental property used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value? | | |
| | Yes | No |

2012 Schedule E-2

MARY P CHRISTIE
CANTOR FITZGERALD LP

-**-*
-***

Check one: S corp. ☒ partnership

Income or Loss from Partnerships and S Corporations

| | | |
|---|---|------|
| 1. Passive loss allowed | 1 | |
| 2. Passive income | 2 | |
| 3. Non-passive loss | 3 | |
| 4. Section 179 expense deduction | 4 | 1 |
| 5. Non-passive income | 5 | 1804 |
| 6. Combine lines 2 and 5 | 6 | 1804 |
| 7. Combine lines 1, 3 and 4 | 7 | -1 |
| 8. Partnership and S corporation income or loss. Combine lines 6 and 7 | 8 | 1803 |
| 9. Interest (other than MA banks) and dividends if included in line 8 | 9 | |
| 10. Interest from Massachusetts banks if included in line 8 | 10 | |
| 11. Total income or loss from partnerships and S corporations | 11 | 1803 |
| 12. Are you reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses? | <input checked="" type="checkbox"/> Yes | No |
| 13. Check if any amount of this investment not at risk | | |

2012 Schedule E-2

CHRISTOPHER J CHRISTIE ***-**-****
THE CHRISTOPHER J CHRISTIE 2010 BLIN **-*****

Check one: S corp. ☐ X partnership

Income or Loss from Partnerships and S Corporations

| | | |
|---|---|-------|
| 1. Passive loss allowed | 1 | |
| 2. Passive income | 2 | |
| 3. Non-passive loss | 3 | 3696 |
| 4. Section 179 expense deduction | 4 | |
| 5. Non-passive income | 5 | |
| 6. Combine lines 2 and 5 | 6 | |
| 7. Combine lines 1, 3 and 4 | 7 | -3696 |
| 8. Partnership and S corporation income or loss. Combine lines 6 and 7 | 8 | -3696 |
| 9. Interest (other than MA banks) and dividends if included in line 8 | 9 | |
| 10. Interest from Massachusetts banks if included in line 8 | 10 | |
| 11. Total income or loss from partnerships and S corporations | 11 | -3696 |
| 12. Are you reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses? | <input checked="" type="checkbox"/> Yes | No |
| 13. Check if any amount of this investment not at risk | | |

2012 Schedule E-2

MARY P CHRISTIE ***-**-****
THE MARY PAT CHRISTIE 2010 BLIND TRU **-*****
Check one: S corp. ☒ partnership

Income or Loss from Partnerships and S Corporations

| | | |
|---|---|-----|
| 1. Passive loss allowed | 1 | 21 |
| 2. Passive income | 2 | |
| 3. Non-passive loss | 3 | |
| 4. Section 179 expense deduction | 4 | |
| 5. Non-passive income | 5 | 101 |
| 6. Combine lines 2 and 5 | 6 | 101 |
| 7. Combine lines 1, 3 and 4 | 7 | -21 |
| 8. Partnership and S corporation income or loss. Combine lines 6 and 7 | 8 | 80 |
| 9. Interest (other than MA banks) and dividends if included in line 8 | 9 | |
| 10. Interest from Massachusetts banks if included in line 8 | 10 | |
| 11. Total income or loss from partnerships and S corporations | 11 | 80 |
| 12. Are you reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses? | <input checked="" type="checkbox"/> Yes | No |
| 13. Check if any amount of this investment not at risk | | |

2012 Schedule E-3

CHRISTOPHER J CHRISTIE
THE CHRISTOPHER J CHRISTIE 2010 BLIN
Check one: Estate ☒ Trust REMIC Farm

-**-*
-***

Income or Loss from Estates and Trusts

| | |
|--|----|
| 1. Passive deduction or loss allowed | 1 |
| 2. Passive income | 2 |
| 3. Non-passive deduction or loss | 3 |
| 4. Non-passive other income | 4 |
| 5. Add lines 2 and 4 | 5 |
| 6. Add lines 1 and 3 | 6 |
| 7. Estate and trust income or loss. Combine lines 5 and 6 | 7 |
| 8. Estate or non-grantor-type trust income | 8 |
| 9. Grantor-type trust and non-Massachusetts estate and trust income | 9 |
| 10. Interest and dividends if included in line 9 | 10 |
| 11. Adjustments to 5.25% income | 11 |
| 12. Subtotal. Combine lines 10 and 11 | 12 |
| 13. Income or loss from grantor type and non-Mass estates and trusts | 13 |

Income or Loss from REMICs

| | |
|-----------------------------|----|
| 14. Excess inclusion | 14 |
| 15. Taxable income or loss | 15 |
| 16. Income | 16 |
| 17. Combine lines 15 and 16 | 17 |

Farm Income

| | |
|------------------------------------|----|
| 18. Net farm rental income or loss | 18 |
|------------------------------------|----|

2012 Schedule E-3

MARY P CHRISTIE
THE MARY PAT CHRISTIE 2010 BLIND TRU
Check one: Estate ☒ Trust REMIC Farm

-**-*
-***

Income or Loss from Estates and Trusts

| | |
|--|----|
| 1. Passive deduction or loss allowed | 1 |
| 2. Passive income | 2 |
| 3. Non-passive deduction or loss | 3 |
| 4. Non-passive other income | 4 |
| 5. Add lines 2 and 4 | 5 |
| 6. Add lines 1 and 3 | 6 |
| 7. Estate and trust income or loss. Combine lines 5 and 6 | 7 |
| 8. Estate or non-grantor-type trust income | 8 |
| 9. Grantor-type trust and non-Massachusetts estate and trust income | 9 |
| 10. Interest and dividends if included in line 9 | 10 |
| 11. Adjustments to 5.25% income | 11 |
| 12. Subtotal. Combine lines 10 and 11 | 12 |
| 13. Income or loss from grantor type and non-Mass estates and trusts | 13 |

Income or Loss from REMICs

| | |
|-----------------------------|----|
| 14. Excess inclusion | 14 |
| 15. Taxable income or loss | 15 |
| 16. Income | 16 |
| 17. Combine lines 15 and 16 | 17 |

Farm Income

| | |
|------------------------------------|----|
| 18. Net farm rental income or loss | 18 |
|------------------------------------|----|

Form M-2210
**Underpayment of Massachusetts
 Estimated Income Tax**

2012
Massachusetts
Department of
Revenue

Enclose this form with your income tax return. Please print in ink or type.

Name(s) as shown on page 1 of return

Social Security or Federal Identification number

CHRISTOPHER J & MARY P CHRISTIE

*** - ** - ****

Exceptions to the Underpayment Penalty

You may qualify for an exception to the underpayment penalty if:

- ☒ Your 2012 income tax due after credits and withholding is \$400 or less.
- ☐ You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2013. **Note:** See instructions regarding special waiver for 2012.
- ☐ You were a resident of Massachusetts for 12 months and not liable for taxes during 2011.
- ☐ Your estimated payments and withholding equal or exceed your 2011 tax (where taxable year was 12 months and a return was filed).

Part 1. Required Annual Payment

| | | | |
|---|--|---|----|
| 1 | 2012 tax (from Form 1, line 28; Form 1-NR/PY, line 32; or Form 3M) | 1 | 1. |
| 2 | Total credits (from Form 1, lines 29, 30 and 40 through 42; Form 1-NR/PY, lines 33 through 35 and 45 through 47) | 2 | |
| 3 | Balance. Subtract line 2 from line 1. Not less than "0" | 3 | 1. |
| 4 | Enter 80% of line 3 or 66 2/3% of line 3 if you are a qualified farmer or fisherman | 4 | 1. |
| 5 | Enter 2011 tax liability after credits (from 2011 return) | 5 | |
| 6 | Enter the smaller of line 4 or line 5 | 6 | 1. |

Part 2. Figuring Your Underpayment

| | | Installment due dates | | | |
|----|--|-----------------------|------------------|-----------------------|---------------------|
| | | a. April 15, 2012 | b. June 15, 2012 | c. September 15, 2012 | d. January 15, 2013 |
| 7 | Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns | 0. | 0. | 0. | 1. |
| 8 | Estimated taxes paid and taxes withheld for each installment | | | | |
| 9 | Overpayment of previous installment | | | | |
| 10 | Total. Add lines 8 and 9 | | | | |
| 11 | Overpayment. Subtract line 7 from line 10 | 0. | 0. | 0. | |
| 12 | Underpayment. Subtract line 10 from line 7 | | | | 1. |

Part 3. Figuring Your Underpayment Penalty

| | | | | | |
|----|--|----|--|--|----|
| 13 | Enter the date you paid the amount in line 12 or the 15th day of the 4th mo. after the close of the taxable year, whichever is earlier | 13 | | | |
| 14 | Number of days from the due date of installment to the date shown in line 13 | 14 | | | |
| 15 | Number of days in line 14 after 4/15/12 and before 7/1/12 | 15 | | | |
| 16 | Number of days in line 14 after 6/30/12 and before 10/1/12 | 16 | | | |
| 17 | Number of days in line 14 after 9/30/12 and before 1/1/13 | 17 | | | |
| 18 | Number of days in line 14 after 12/31/12 and before 4/16/13 | 18 | | | |
| 19 | Underpayment in line 12 x (number of days in line 15 ÷ 365) x 4% | 19 | | | |
| 20 | Underpayment in line 12 x (number of days in line 16 ÷ 365) x 4% | 20 | | | |
| 21 | Underpayment in line 12 x (number of days in line 17 ÷ 365) x 4% | 21 | | | |
| 22 | Underpayment in line 12 x (number of days in line 18 ÷ 365) x 4% | 22 | | | |
| 23 | Penalty. Add all amounts shown in lines 19 through 22. Enter this amount on Form 1, line 47; Form 1-NR/PY, line 52; or Form 3M | 23 | | | 0. |

| | | | |
|------------|---------------------------------|-----------|---|
| MA 1-NR/PY | NON-MASSACHUSETTS SOURCE INCOME | STATEMENT | 1 |
|------------|---------------------------------|-----------|---|

| DESCRIPTION | AMOUNT |
|---------------------------------|----------|
| WAGES | 425,088. |
| PARTNERSHIP | -1,836. |
| RENTAL INCOME | 22,633. |
| INTEREST | 2,240. |
| DIVIDENDS | 10,132. |
| 4797 CAPITAL GAINS/LOSSES | 3,480. |
| CAPITAL GAINS/LOSSES | 16,129. |
| TOTAL TO FORM 1-NR/PY, LINE 14E | 477,866. |

| | | | |
|------------|---|-----------|---|
| MA 1-NR/PY | RECONCILIATION OF U.S. INCOME TO MASS. LINE 14F | STATEMENT | 2 |
|------------|---|-----------|---|

CHRISTOPHER J & MARY P CHRISTIE

-**-*

| | | |
|--|-------|---------|
| TOTAL INCOME FROM U.S. FORM 1040, LINE 22 . . . | | 478,977 |
| U.S. BOND INTEREST | 1,085 | |
| STATE TAX REFUNDS | | |
| SOCIAL SECURITY AND TIER 1 RAILROAD RETIREMENT . | | |
| | | |
| TOTAL SUBTRACTIONS FROM TOTAL U.S. INCOME . . . | | -1,085 |
| | | |
| NET OPERATING LOSS CARRYFORWARD | | |
| FOREIGN EARNED INCOME EXCLUSION | | |
| FOREIGN MOVING EXPENSE RECAPTURE | | |
| | | |
| TOTAL ADDITIONS TO TOTAL U.S. INCOME | | |
| MISCELLANEOUS DIFFERENCES | | 1 |
| MASSACHUSETTS FORM 1-NR/PY, LINE 14F | | 477,893 |

| MA 1/1-NR/PY | INTEREST INCOME FROM MASSACHUSETTS BANKS | STATEMENT | 3 |
|---|--|-----------|---|
| DESCRIPTION | | AMOUNT | |
| FROM K-1 - CANTOR FITZGERALD LP | | 1. | |
| TOTAL TO FORM 1, LINE 5 OR FORM 1-NR/PY, LINE 7 | | 1. | |

| MA B | OTHER INTEREST AND DIVIDEND INCOME | STATEMENT | 4 |
|---------------------------------|------------------------------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| FROM K-1 - CANTOR FITZGERALD LP | | 1. | |
| TOTAL TO SCHEDULE B, LINE 3 | | 1. | |

| MA B | OTHER DIVIDEND AND INTEREST INCOME TO BE EXCLUDED | STATEMENT | 5 |
|--|---|-----------|---|
| DESCRIPTION | | AMOUNT | |
| ADJUSTMENT FOR NON-MASSACHUSETTS AMOUNTS | | 12,372. | |
| U.S. INTEREST | | 1,085. | |
| NONTAXABLE INTEREST | | 1,358. | |
| TOTAL TO SCHEDULE B, LINE 6 | | 14,815. | |

| MA B ADJUSTMENT TO GAIN FOR MASSACHUSETTS DIFFERENCES | | STATEMENT | 6 |
|---|--|------------|-----------|
| EXPLANATION | | SHORT-TERM | |
| SHORT-TERM CAPITAL GAINS FROM U.S. SCHEDULE D, LINES 1 THROUGH 5, COLUMN H | | | 6,976.00 |
| DIFFERENCES BETWEEN U.S. AND MASS. AMOUNTS | | | -6,976.00 |
| TOTAL TO SCHEDULE B, LINE 10 | | | 0.00 |

| MA D U.S. SCHEDULE D, LINE 11, COL. H | | STATEMENT | 7 |
|---|--|-----------|--------|
| EXPLANATION | | AMOUNT | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | | | 21.00 |
| FROM K-1 - THE MARY PAT CHRISTIE 2010 BLIND TRUST | | | 327.00 |
| TOTAL TO SCHEDULE D, LINE 4 | | | 348.00 |

| MA D U.S. SCHEDULE D, LINE 12, COL. H | | STATEMENT | 8 |
|--|--|-----------|----------|
| EXPLANATION | | AMOUNT | |
| CANTOR FITZGERALD LP | | | 216.00 |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | | | 6,982.00 |
| TOTAL TO SCHEDULE D, LINE 5 | | | 7,198.00 |

| MA D U.S. SCHEDULE D, LINE 13, COL. H | | STATEMENT | 9 |
|--|--|-----------|----------|
| EXPLANATION | | AMOUNT | |
| THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST | | | 1,994.00 |
| TOTAL TO SCHEDULE D, LINE 6 | | | 1,994.00 |

| MA D MASSACHUSETTS DIFFERENCES | | STATEMENT | 10 |
|--|--|-----------|-----------|
| EXPLANATION | | AMOUNT | |
| CANTOR FITZGERALD LP | | | -213.00 |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | | | -6,982.00 |
| MASSACHUSETTS DIFFERENCES | | | -1,979.00 |
| TOTAL TO SCHEDULE D, LINE 10 | | | -9,174.00 |

| MA D | U.S. SCHEDULE D, LINE 9, COL. H | STATEMENT 11 |
|--|---------------------------------|--------------|
| EXPLANATION | | AMOUNT |
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10 | | -459.00 |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST DTD 8/25/10 | | 96.00 |
| TOTAL TO SCHEDULE D, LINE 2 | | -363.00 |

| MA E | SCHEDULE E - MASSACHUSETTS DIFFERENCES | STATEMENT 12 |
|---|--|--------------|
| DESCRIPTION | | AMOUNT |
| MCNEIL PPC INC - ROYALTIES - [REDACTED] | | -22,617. |
| [REDACTED] | | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST - [REDACTED] | | |
| M | | -16. |
| CANTOR FITZGERALD LP | | -1,780. |
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST | | 3,696. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | | -80. |
| TOTAL TO SCHEDULE E, LINE 56 | | -20,797.00 |

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Information about Form 2441 and its separate instructions is at
www.irs.gov/form2441.**2012**Attachment
Sequence No. **21**

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I **Persons or Organizations Who Provided the Care** - You **must** complete this part.
(If you have more than two care providers, see the instructions.)

| 1 | (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Amount paid |
|---|--------------------------|--|--|-----------------|
| | | | ***-**-**** | 12,205. |

Did you receive
dependent care benefits?

No

▶ Complete only Part II below.

Yes

▶ Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

| (a) Qualifying person's name | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2012 for the person listed in column (a) |
|------------------------------|--|--|
| First Last | | |
| PATRICK CHRISTIE | ***-**-**** | 7,500. |
| BRIDGET CHRISTIE | ***-**-**** | 4,705. |

3 Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 **COL (C) LIMITED****4** Enter your **earned income**. See instructions**5** If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4**6** Enter the **smallest** of line 3, 4, or 5**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

| Over | But not over | Decimal amount is |
|-----------------|--------------|-------------------|
| \$0 - 15,000 | | .35 |
| 15,000 - 17,000 | | .34 |
| 17,000 - 19,000 | | .33 |
| 19,000 - 21,000 | | .32 |
| 21,000 - 23,000 | | .31 |
| 23,000 - 25,000 | | .30 |
| 25,000 - 27,000 | | .29 |
| 27,000 - 29,000 | | .28 |

If line 7 is:

| Over | But not over | Decimal amount is |
|-------------------|--------------|-------------------|
| \$29,000 - 31,000 | | .27 |
| 31,000 - 33,000 | | .26 |
| 33,000 - 35,000 | | .25 |
| 35,000 - 37,000 | | .24 |
| 37,000 - 39,000 | | .23 |
| 39,000 - 41,000 | | .22 |
| 41,000 - 43,000 | | .21 |
| 43,000 - No limit | | .20 |

9 Multiply line 6 by the decimal amount on line 8. If you paid 2011 expenses in 2012, see the instructions**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **STATEMENT 13****11** Credit for child and dependent care expenses. Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2012)

Part III Dependent Care Benefits

| | | |
|---|-----------|-----------------|
| 12 Enter the total amount of dependent care benefits you received in 2012. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership | 12 | 5,000. |
| 13 Enter the amount, if any, you carried over from 2011 and used in 2012 during the grace period. See instructions | 13 | |
| 14 Enter the amount, if any, you forfeited or carried forward to 2013. See instructions | 14 | () |
| 15 Combine lines 12 through 14. See instructions | 15 | 5,000. |
| 16 Enter the total amount of qualified expenses incurred in 2012 for the care of the qualifying person(s) | 16 | 12,205. |
| 17 Enter the smaller of line 15 or 16 | 17 | 5,000. |
| 18 Enter your earned income . See instructions | 18 | 161,811. |
| 19 Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. | 19 | 263,277. |
| 20 Enter the smallest of line 17, 18, or 19 | 20 | 5,000. |
| 21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19) | 21 | 5,000. |
| 22 Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here | 22 | 0. |
| 23 Subtract line 22 from line 15 | 23 | 5,000. |
| 24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions | 24 | |
| 25 Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21 | 25 | 5,000. |
| 26 Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB" | 26 | 0. |

To claim the child and dependent care credit,
complete lines 27 through 31 below.

| | | |
|--|-----------|---------------|
| 27 Enter \$3,000 (\$6,000 if two or more qualifying persons) | 27 | 6,000. |
| 28 Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25 | 28 | 5,000. |
| 29 Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2011 expenses in 2012, see the instructions for line 9 | 29 | 1,000. |
| 30 Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here | 30 | 7,205. |
| 31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11 | 31 | 1,000. |

2012 TAX RETURN FILING INSTRUCTIONS

NEW JERSEY INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2012

| | | | | | | | | | | | | | |
|--|---|-------------------------|----|--------|--------------------------------|----|--------|------------------------------|----|---|-------------|----|-------|
| Prepared for | CHRISTOPHER J & MARY P CHRISTIE [REDACTED] | | | | | | | | | | | | |
| Prepared by | [REDACTED] | | | | | | | | | | | | |
| Amount of tax | <table><tr><td>Total tax</td><td>\$</td><td>26,847</td></tr><tr><td>Less: payments and credits</td><td>\$</td><td>29,627</td></tr><tr><td>Plus: interest and penalties</td><td>\$</td><td>0</td></tr><tr><td>OVERPAYMENT</td><td>\$</td><td>2,780</td></tr></table> | Total tax | \$ | 26,847 | Less: payments and credits | \$ | 29,627 | Plus: interest and penalties | \$ | 0 | OVERPAYMENT | \$ | 2,780 |
| Total tax | \$ | 26,847 | | | | | | | | | | | |
| Less: payments and credits | \$ | 29,627 | | | | | | | | | | | |
| Plus: interest and penalties | \$ | 0 | | | | | | | | | | | |
| OVERPAYMENT | \$ | 2,780 | | | | | | | | | | | |
| Overpayment | <table><tr><td>Miscellaneous Donations</td><td>\$</td><td>0</td></tr><tr><td>Credited to your estimated tax</td><td>\$</td><td>2,780</td></tr><tr><td>Refunded to you</td><td>\$</td><td>0</td></tr></table> | Miscellaneous Donations | \$ | 0 | Credited to your estimated tax | \$ | 2,780 | Refunded to you | \$ | 0 | | | |
| Miscellaneous Donations | \$ | 0 | | | | | | | | | | | |
| Credited to your estimated tax | \$ | 2,780 | | | | | | | | | | | |
| Refunded to you | \$ | 0 | | | | | | | | | | | |
| Make check payable to | NOT APPLICABLE | | | | | | | | | | | | |
| Mail tax return and check (if applicable) to | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FEDERAL FORM 8879 TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE NJDOR. | | | | | | | | | | | | |
| Return must be mailed on or before | NOT APPLICABLE | | | | | | | | | | | | |
| Special Instructions | | | | | | | | | | | | | |

218711
05-30-12

▼ DETACH HERE ▼

Form **4868**

Department of the Treasury
Internal Revenue Service (99)

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

For calendar year 2012, or other tax year beginning

, 2012, ending

1019

2012

Part I Identification

1 Your name(s)

CHRISTOPHER J CHRISTIE
MARY P CHRISTIE

[REDACTED]

2 Your social security number

-**-*

3 Spouse's social security number

-**-*

Part II Individual Income Tax

| | | |
|--|----|----------|
| 4 Estimate of total tax liability for 2012 | \$ | 120,495. |
| 5 Total 2012 payments | | 127,821. |
| 6 Balance due. Subtract line 5 from line 4 | | 0. |
| 7 Amount you are paying | | 0. |

8 Check here if you are "out of the country" and a U.S. citizen or resident ☐

9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ☐

STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2012 or Other Tax Year

Beginning _____, 2012 Month Ending _____, _____
On-line Federal Extension Confirmation # _____

PAGE 1

CHRISTIE CHRISTOPHER J & MARY P

266031 01-04-13 1019

Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature

Date

Spouse/CU Partner's Signature (If filed jointly both must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 13)

Paid Preparer's Signature

Federal Identification Number

Firm's Name

Federal Employer Identification Number

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY - TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 58, enclose your check and NJ-1040-V payment voucher with your return and use the label for PO Box 111. If not, use the label for PO Box 555.

You may also pay by e-check or credit card. See instruction page 11.

CHRISTIE CHRISTOPHER J & MARY P

1019

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY
FROM TO

FILING STATUS

1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN **X**
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

CHECK BOXES FOR EXEMPTIONS

REGULAR SPOUSE/CU PARTNER **X** DOMESTIC PARTNER
AGE 65 OR OLDER YOURSELF SPOUSE/CU PARTNER
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER

EXEMPTIONS

6. REGULAR 2
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 4
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE 1
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 3
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 4

DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

| LAST NAME, FIRST NAME, MIDDLE INITIAL | SOCIAL SECURITY NUMBER | BIRTH YEAR | HEALTH INS IND |
|---------------------------------------|------------------------|------------|----------------|
| A. CHRISTIE ANDREW | ***-**-***** | 1993 | |
| B. CHRISTIE SARAH | ***-**-***** | 1996 | |
| C. CHRISTIE PATRICK | ***-**-***** | 2000 | |
| D. CHRISTIE BRIDGET | ***-**-***** | 2003 | |

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

| | | |
|---|--|----------|
| 14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCLOSE W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTRUCTIONS) | | 448876 . |
| 15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500) STMT 1 | | 3490 . |
| 15B. TAX EXEMPT INTEREST INCOME. (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A STMT 2 | | 1171 . |
| 16. DIVIDENDS SEE STATEMENT 3 | | 10131 . |
| 17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040) | | . |
| 18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4) | | 10433 . |
| 19. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 21) | | . |
| 20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH NJ-BUS-1, PART II, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1) | | 8365 . |
| 21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, LINE 4) (SEE INSTR. PAGE 25) (ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1) | | . |
| 22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART IV, LINE 4) | | 22633 . |
| 23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 25) | | . |
| 24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED | | . |
| 25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 25) | | . |
| 26. TOTAL INCOME (ADD LINES 14, 15A, 16 THROUGH 25) | | 503928 . |
| 27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 26) | | . |
| 27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTR. PAGE 26) | | . |
| 27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B) | | . |
| 28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTR. PAGE 28) | | 503928 . |
| 29. TOTAL EXEMPTION AMOUNT (SEE INSTR. PAGE 31 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTR. PAGE 7) | | 9000 . |
| 30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 28) | | . |
| 31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS | | . |
| 32. QUALIFIED CONSERVATION CONTRIBUTION | | . |
| 33. HEALTH ENTERPRISE ZONE DEDUCTION | | . |
| 34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 10) | | . |
| 35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34) | | 9000 . |
| 36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY | | 494928 . |
| 37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29) | | 37921 . |

CHRISTIE CHRISTOPHER J & MARY P

1019

| | | | |
|------|--|--------|----------|
| 37B. | FILL IN THE BOX IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2012 | | |
| 37C. | PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33) | STMT 4 | 10000 . |
| 38. | NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY | | 484928 . |
| 39. | TAX (FROM TAX TABLES, PAGE 52) | | 26847 . |
| 40. | THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS | | |
| 41. | CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS | | 4759 . |
| 41A. | JURISDICTION CODE (SEE INSTRUCTIONS) | 00 | |
| 42. | BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39) | | 22088 . |
| 43. | SHELTERED WORKSHOP TAX CREDIT | | . |
| 44. | BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42) | | 22088 . |
| 45. | USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WORKSHEET AND INSTRUCTION PAGE 36) IF NO USE TAX, ENTER ZERO | | 0 . |
| 46. | PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX | | . |
| 46A. | FILL IN IF FORM 2210 IS ENCLOSED | | |
| 47. | TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46) | | 22088 . |
| 48. | TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099) | | 18334 . |
| 49. | PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 33) | | . |
| 50. | NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2011 TAX RETURN | | 6534 . |
| 51. | NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38) | | . |
| 51B. | FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT | | |
| 51C. | FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT | | |
| 52. | EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450) | | . |
| 53. | EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450) | | . |
| 54. | EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450) | | . |
| 55. | TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54) | | 24868 . |
| 56. | IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE | | . |
| | IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63 AND/OR 64 AND ADDING THIS TO YOUR PAYMENT | | |
| 57. | IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT | | 2780 . |
| | DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO: | | |
| 58. | YOUR 2013 TAX | | 2780 . |
| 59. | NEW JERSEY ENDANGERED WILDLIFE FUND | | . |
| 60. | NEW JERSEY CHILDREN'S TRUST FUND | | . |
| 61. | NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND | | . |
| 62. | NEW JERSEY BREAST CANCER RESEARCH FUND | | . |
| 63. | U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND | | . |
| 64. | OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 40) | | . |
| 64C. | DESIGNATION CODE | | |
| 65. | TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64) | | 2780 . |
| 66. | REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57) | | . |

DIRECT DEPOSIT INFORMATION

REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND) 4
ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)
FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES
ROUTING NUMBER
ACCOUNT NUMBER

DO NOT MAIL INDICATOR X
POWER OF ATTORNEY INDICATOR X
PRESIDENTIAL DISASTER RELIEF INDICATOR

SCHEDULES

A & B

(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX**2012**

| | | | | | |
|--|---|---|------------------------------|---|---|
| Name(s) as shown on Form NJ-1040 | | | | Your Social Security Number | |
| CHRISTIE CHRISTOPHER J & MARY P | | | | ***-**-**** | |
| Schedule A | | CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION | | If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 41. | |
| A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS | | | | | |
| 1. | Income actually taxed by other jurisdiction during tax year (indicate name <u>CALIFORNIA</u>) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2) | 1. | 69 | | |
| 2. | Income subject to tax by New Jersey (From Line 28, Form NJ-1040) | 2. | 503928 | | |
| 3. | Maximum Allowable Credit Percentage 1 <u>69</u> (Divide Line 2 into Line 1) 2 <u>503928</u> | 3. | .0137 % | | |
| IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B. | | | COLUMN A | | COLUMN B |
| 4. | Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040 | 4. | 494928 | 4. | 494928 |
| 5. | Property Tax and Deduction Enter in Box 5a the amount from Worksheet F, line 1. See instructions page 34. <div style="border: 1px solid black; width: 100px; float: right; text-align: center; padding: 2px;">5a. 37921</div> Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 35. | 5. | 10000 | 5. | - 0 - |
| 6. | New Jersey Taxable Income (Line 4 minus Line 5) | 6. | 484928 | 6. | 494928 |
| 7. | Tax on Line 6 amount (From Tax Table or Tax Rate Schedules) | 7. | 26847 | 7. | 27484 |
| 8. | Allowable Credit (Line 3 times Line 7) | 8. | 4 | 8. | 4 |
| 9. | Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43. <div style="border: 1px solid black; width: 100px; float: right; text-align: center; padding: 2px;">9a. 5</div> Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 39). | 9. | 4 | 9. | 4 |
| <ul style="list-style-type: none"> If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 37c or 49, Form NJ-1040. If you are eligible for a property tax benefit, you must complete Worksheet I on page 44 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit. | | | | | |
| Schedule B | | NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY | | List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible. | |
| 1. | a. Kind of property and description | b. Date acquired (Mo., day, yr.) | c. Date sold (Mo., day, yr.) | d. Gross sales price | e. Cost or other basis as adjusted (see instructions) and expense of sale |
| | SEE STATEMENT 5 | | | | 8439 |
| 2. | Capital Gains Distributions | | | | 1994 |
| 3. | Other Net Gains | | | | |
| 4. | Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18) | | | | 10433 |

NOTE: For tax year 2012 and after, Schedule C, Net Gains or Income From Rents, Royalties, Patents, and Copyrights, has been eliminated from this page. Use Part IV of Schedule NJ-BUS-1 (Form NJ-1040) to report that income.

SCHEDULES

A & B

(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX**2012**

| | | | | | |
|--|--|---|------------------------------|---|---|
| Name(s) as shown on Form NJ-1040 CHRISTIE CHRISTOPHER J & MARY P | | | | Your Social Security Number ***-**-**** | |
| Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION | | If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 41. | | | |
| A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS | | | | | |
| 1. | Income actually taxed by other jurisdiction during tax year (indicate name <u>CONNECTICUT</u>) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2) | 1. | 35 | | |
| 2. | Income subject to tax by New Jersey (From Line 28, Form NJ-1040) | 2. | 503928 | | |
| 3. | Maximum Allowable Credit Percentage 1 <u>35</u> (Divide Line 2 into Line 1) 2 <u>503928</u> | 3. | .0069 % | | |
| IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B. | | | COLUMN A | | COLUMN B |
| 4. | Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040 | 4. | 494928 | 4. | 494928 |
| 5. | Property Tax and Deduction Enter in Box 5a the amount from Worksheet F, line 1. See instructions page 34. <div style="border: 1px solid black; display: inline-block; padding: 2px;">5a. 37921</div> Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 35. | 5. | 10000 | 5. | - 0 - |
| 6. | New Jersey Taxable Income (Line 4 minus Line 5) | 6. | 484928 | 6. | 494928 |
| 7. | Tax on Line 6 amount (From Tax Table or Tax Rate Schedules) | 7. | 26847 | 7. | 27484 |
| 8. | Allowable Credit (Line 3 times Line 7) | 8. | 2 | 8. | 2 |
| 9. | Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43. <div style="border: 1px solid black; display: inline-block; padding: 2px;">9a. 2</div> Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 39). | 9. | 2 | 9. | 2 |
| <ul style="list-style-type: none"> If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 37c or 49, Form NJ-1040. If you are eligible for a property tax benefit, you must complete Worksheet I on page 44 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit. | | | | | |
| Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY | | List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible. | | | |
| 1. | a. Kind of property and description | b. Date acquired (Mo., day, yr.) | c. Date sold (Mo., day, yr.) | d. Gross sales price | e. Cost or other basis as adjusted (see instructions) and expense of sale |
| | | | | | f. Gain or (loss) (d less e) |
| | | | | | |
| 2. | Capital Gains Distributions | | | | 2. |
| 3. | Other Net Gains | | | | 3. |
| 4. | Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18) | | | | 4. |

NOTE: For tax year 2012 and after, Schedule C, Net Gains or Income From Rents, Royalties, Patents, and Copyrights, has been eliminated from this page. Use Part IV of Schedule NJ-BUS-1 (Form NJ-1040) to report that income.

SCHEDULES

A & B

(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX**2012**

| | | | | | |
|--|--|----------------------------------|------------------------------|-----------------------------|---|
| Name(s) as shown on Form NJ-1040 | | | | Your Social Security Number | |
| CHRISTIE CHRISTOPHER J & MARY P | | | | ***-**-**** | |
| Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 41. | | | | | |
| A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS | | | | | |
| 1. | Income actually taxed by other jurisdiction during tax year (indicate name <u>ILLINOIS</u>) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2) | 1. | 23 | | |
| 2. | Income subject to tax by New Jersey (From Line 28, Form NJ-1040) | 2. | 503928 | | |
| 3. | Maximum Allowable Credit Percentage 1 <u>23</u> (Divide Line 2 into Line 1) 2 <u>503928</u> | 3. | .0046 % | | |
| IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B. | | | | | |
| 4. | Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040 | 4. | 494928 | 4. | 494928 |
| 5. | Property Tax and Deduction Enter in Box 5a the amount from Worksheet F, line 1. See instructions page 34. 5a. <u>37921</u> Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 35. | 5. | 10000 | 5. | - 0 - |
| 6. | New Jersey Taxable Income (Line 4 minus Line 5) | 6. | 484928 | 6. | 494928 |
| 7. | Tax on Line 6 amount (From Tax Table or Tax Rate Schedules) | 7. | 26847 | 7. | 27484 |
| 8. | Allowable Credit (Line 3 times Line 7) | 8. | 1 | 8. | 1 |
| 9. | Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43. 9a. <u>1</u> Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 39). | 9. | 1 | 9. | 1 |
| <ul style="list-style-type: none"> If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 37c or 49, Form NJ-1040. If you are eligible for a property tax benefit, you must complete Worksheet I on page 44 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit. | | | | | |
| Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible. | | | | | |
| 1. | a. Kind of property and description | b. Date acquired (Mo., day, yr.) | c. Date sold (Mo., day, yr.) | d. Gross sales price | e. Cost or other basis as adjusted (see instructions) and expense of sale |
| 2. | Capital Gains Distributions | | | | |
| 3. | Other Net Gains | | | | |
| 4. | Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18) | | | | |

NOTE: For tax year 2012 and after, Schedule C, Net Gains or Income From Rents, Royalties, Patents, and Copyrights, has been eliminated from this page. Use Part IV of Schedule NJ-BUS-1 (Form NJ-1040) to report that income.

**SCHEDULES
A & B**
(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX

2012

| | | | | | |
|--|---|---|------------------------------|---|---|
| Name(s) as shown on Form NJ-1040 CHRISTIE CHRISTOPHER J & MARY P | | | | Your Social Security Number ***-**-**** | |
| Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION | | If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 41. | | | |
| A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS | | | | | |
| 1. | Income actually taxed by other jurisdiction during tax year (indicate name <u>MASSACHUSETTS</u>) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2) | 1. | 26 | | |
| 2. | Income subject to tax by New Jersey (From Line 28, Form NJ-1040) | 2. | 503928 | | |
| 3. | Maximum Allowable Credit Percentage 1 <u>26</u> (Divide Line 2 into Line 1) 2 <u>503928</u> | 3. | .0052 % | | |
| IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B. | | | COLUMN A | | COLUMN B |
| 4. | Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040 | 4. | 494928 | 4. | 494928 |
| 5. | Property Tax and Deduction Enter in Box 5a the amount from Worksheet F, line 1. See instructions page 34. <div style="border: 1px solid black; width: 100px; float: right; text-align: center; padding: 2px;">5a. 37921</div> Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 35. | 5. | 10000 | 5. | - 0 - |
| 6. | New Jersey Taxable Income (Line 4 minus Line 5) | 6. | 484928 | 6. | 494928 |
| 7. | Tax on Line 6 amount (From Tax Table or Tax Rate Schedules) | 7. | 26847 | 7. | 27484 |
| 8. | Allowable Credit (Line 3 times Line 7) | 8. | 1 | 8. | 1 |
| 9. | Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43. <div style="border: 1px solid black; width: 100px; float: right; text-align: center; padding: 2px;">9a. 1</div> Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 39). | 9. | 1 | 9. | 1 |
| <ul style="list-style-type: none"> If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 37c or 49, Form NJ-1040. If you are eligible for a property tax benefit, you must complete Worksheet I on page 44 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit. | | | | | |
| Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY | | List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible. | | | |
| 1. | a. Kind of property and description | b. Date acquired (Mo., day, yr.) | c. Date sold (Mo., day, yr.) | d. Gross sales price | e. Cost or other basis as adjusted (see instructions) and expense of sale |
| | | | | | f. Gain or (loss) (d less e) |
| | | | | | |
| | | | | | |
| 2. | Capital Gains Distributions | | | | |
| 3. | Other Net Gains | | | | |
| 4. | Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18) | | | | |

NOTE: For tax year 2012 and after, Schedule C, Net Gains or Income From Rents, Royalties, Patents, and Copyrights, has been eliminated from this page. Use Part IV of Schedule NJ-BUS-1 (Form NJ-1040) to report that income.

SCHEDULES

A & B

(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX**2012**

| | | | |
|--|--|---|------------------------------|
| Name(s) as shown on Form NJ-1040 | | Your Social Security Number | |
| CHRISTIE CHRISTOPHER J & MARY P | | ***-**-**** | |
| Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION | | If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 41. | |
| A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS | | | |
| 1. | Income actually taxed by other jurisdiction during tax year (indicate name <u>NEW YORK</u>) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2) | 1. | 89179 |
| 2. | Income subject to tax by New Jersey (From Line 28, Form NJ-1040) | 2. | 503928 |
| 3. | Maximum Allowable Credit Percentage 1 <u>89179</u> (Divide Line 2 into Line 1) 2 <u>503928</u> | 3. | 17.6968 % |
| IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B. | | COLUMN A | |
| | | COLUMN B | |
| 4. | Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040 | 4. | 494928 |
| 5. | Property Tax and Deduction Enter in Box 5a the amount from Worksheet F, line 1. See instructions page 34. <div style="border: 1px solid black; width: 100px; float: right; text-align: center;">5a. 37921</div> Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 35. | 5. | 10000 |
| 6. | New Jersey Taxable Income (Line 4 minus Line 5) | 6. | 484928 |
| 7. | Tax on Line 6 amount (From Tax Table or Tax Rate Schedules) | 7. | 26847 |
| 8. | Allowable Credit (Line 3 times Line 7) | 8. | 4751 |
| 9. | Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43. <div style="border: 1px solid black; width: 100px; float: right; text-align: center;">9a. 5389</div> Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 39). | 9. | 4751 |
| <ul style="list-style-type: none"> If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 37c or 49, Form NJ-1040. If you are eligible for a property tax benefit, you must complete Worksheet I on page 44 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit. | | | |
| Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY | | List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible. | |
| 1. | a. Kind of property and description | b. Date acquired (Mo., day, yr.) | c. Date sold (Mo., day, yr.) |
| | | | |
| | | | |
| | | | |
| 2. | Capital Gains Distributions | | |
| 3. | Other Net Gains | | |
| 4. | Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18) | | |

NOTE: For tax year 2012 and after, Schedule C, Net Gains or Income From Rents, Royalties, Patents, and Copyrights, has been eliminated from this page. Use Part IV of Schedule NJ-BUS-1 (Form NJ-1040) to report that income.

**NEW JERSEY GROSS INCOME TAX
BUSINESS INCOME SUMMARY SCHEDULE**

2012

| | |
|--|--|
| Name(s) as shown on Form NJ-1040 CHRISTIE CHRISTOPHER J & MARY P | Your Social Security Number ***-**-**** |
|--|--|

| PART I NET PROFITS FROM BUSINESS | | List the net profit (loss) from business(es). See instructions. |
|---|---|---|
| 1. | Business Name | Social Security Number/ Federal EIN |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.) | |
| | | 4. |

| PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME | | List the distributive share of income (loss) from partnership(s). See instructions. |
|---|---|---|
| 1. | Partnership Name | Federal EIN |
| 1. | CANTOR FITZGERALD LP | ***** |
| 2. | THE MARY PAT CHRISTIE 2010 BLIND | |
| 3. | TRUST | ***** |
| 4. | Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.) | |
| | | 4. |

| PART III NET PRO RATA SHARE OF S CORPORATION INCOME | | List the pro rata share of income (loss) from S corporation(s). See instructions. |
|--|---|---|
| 1. | S Corporation Name | Federal EIN |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21. If loss, make no entry on Line 21.) | |
| | | 4. |

| PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS | | List the net gains or income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights |
|---|---|--|
| 1. | Source of Income or Loss. If rental real estate, enter physical address of property. | Social Security Number/ Federal EIN |
| 1. | SEE STATEMENT 6 | |
| 2. | | |
| 3. | | |
| 4. | Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.) | |
| | | 4. |

| | | | |
|---------|-------------------------|-----------|---|
| NJ-1040 | TAXABLE INTEREST INCOME | STATEMENT | 1 |
|---------|-------------------------|-----------|---|

| NAME OF FINANCIAL INSTITUTION | AMOUNT |
|--|--------|
| THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST | 1,272. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 2,218. |
| TOTAL TO NJ-1040, PAGE 2, LINE 15A | 3,490. |

| | | | |
|---------|----------------------------|-----------|---|
| NJ-1040 | TAX EXEMPT INTEREST INCOME | STATEMENT | 2 |
|---------|----------------------------|-----------|---|

| NAME OF FINANCIAL INSTITUTION | AMOUNT |
|--|--------|
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 1,171. |
| TOTAL TO NJ-1040, PAGE 2, LINE 15B | 1,171. |

| | | | |
|---------|-----------------|-----------|---|
| NJ-1040 | DIVIDEND INCOME | STATEMENT | 3 |
|---------|-----------------|-----------|---|

| NAME OF PAYER | AMOUNT |
|--|---------|
| THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST | 8,247. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 1,884. |
| TOTAL TO NJ-1040, PAGE 2, LINE 16 | 10,131. |

NJ 1040

WORKSHEET I
WHICH PROPERTY TAX BENEFIT TO USE

STATEMENT 4

| | COLUMN A | COLUMN B |
|--|----------|----------|
| 1 TAX. ENTER AMOUNTS FROM LINE 7 SCHEDULE A, COLUMNS A AND B HERE. | 26847 | 27484 |
| 2 CREDIT FOR TAXES PAID TO OTHER JURISDICTIONS. ENTER AMOUNTS FROM LINE 9, SCHEDULE A, COLUMNS A AND B HERE. IF YOU COMPLETED MORE THEN ONE SCHEDULE A, ENTER THE TOTAL OF ALL LINE 9 AMOUNTS IN THE CORRESPONDING COLUMN. . | 4759 | 4872 |
| 3 BALANCE OF TAX DUE. SUBTRACT LINE 2 FROM 1 . . | 22088 | 22612 |
| 4 SUBTRACT LINE 3, COLUMN A, FROM LINE 3, COLUMN B AND ENTER THE RESULT HERE | | 524 |
| 5 IS THE LINE 4 AMOUNT \$50 OR MORE (\$25 IF FILING STATUS IS MARRIED, FILING SEPARATE RETURN AND YOU MAINTAIN THE SAME RESIDENCE AS YOUR SPOUSE)? | | |

* YES. YOU RECEIVE A GREATER TAX BENEFIT BY TAKING THE PROPERTY TAX DEDUCTION.
MAKE THE FOLLOWING ENTRIES ON FORM NJ-1040.

FORM NJ-1040

LINE 37C
LINE 38
LINE 39
LINE 41
LINE 49

ENTER AMOUNT FROM:

LINE 5, COLUMN A SCHEDULE A
LINE 6, COLUMN A, SCHEDULE A
LINE 7, COLUMN A, SCHEDULE A
LINE 2, COLUMN A, WORKSHEET H
MAKE NO ENTRY

* NO. YOU RECEIVE A GREATER TAX BENEFIT FROM THE PROPERTY TAX CREDIT.
MAKE THE FOLLOWING ENTRIES ON FORM NJ-1040.

FORM NJ-1040

LINE 37C
LINE 38
LINE 39
LINE 41
LINE 49

ENTER AMOUNT FROM:

MAKE NO ENTRY
LINE 6, COLUMN B, SCHEDULE A
LINE 7, COLUMN B, SCHEDULE A
LINE 2, COLUMN B, WORKSHEET H
\$50 (\$25 IF FILING MFS AND YOU MAINTAIN THE
SAME RESIDENCE AS YOUR SPOUSE)
(KEEP FOR YOUR RECORDS)

NJ SCHEDULE B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY STATEMENT 5

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | COST OR ADJ. BASIS | GAIN OR (LOSS) |
|---|------------------|--------------|----------------|-----------------------|-------------------|
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10 | | | | 459. | -459. |
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD 8/25/10 | | | | 0. | 4,372. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST DTD 8/25/10 | | | | 0. | 971. |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST DTD 8/25/10 | | | | 0. | 96. |
| MARY PAT CHRISTIE BLIND TRUST | | | | 0. | 3,459. |
| TOTAL TO NJ SCHEDULE B, LINE 1 | | | | | 8,439. |

NJ SCH NJ-BUS-1 NET GAINS OR INCOME FROM RENTS,
ROYALTIES, PATENTS, AND COPYRIGHTS STATEMENT 6

| SOURCE OF INCOME OR LOSS | SSN/FEIN | TYPE | INCOME/LOSS |
|--|-----------|------|-------------|
| MCNEIL PPC INC - ROYALTIES - 7050 CAMP HILL ROAD, | 185421572 | 2 | 22617 |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST - C/O HAL M | 185421572 | 2 | 16 |
| TOTAL TO NJ-BUS-1, PT IV, LN 4 | | | 22633 |

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service

(99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **08**

Information about Schedule B (Form 1040A or 1040) and its instructions is at www.irs.gov/form1040.

Name(s) shown on return

Your social security number

-**-*

CHRISTOPHER J & MARY P CHRISTIE

Part I
Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶

GOLDMAN SACHS

THE MARY PAT CHRISTIE 2010 BLIND TRUST

FROM K-1 - CANTOR FITZGERALD LP

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Amount

3,303.

22.

1

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

2

3,325.

3

4

3,325.

Note. If line 4 is over \$1,500, you must complete Part III.

Amount

Part II
Ordinary Dividends

- 5 List name of payer ▶
- GOLDMAN SACHS**
- GOLDMAN SACHS**
- THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST**
- THE MARY PAT CHRISTIE 2010 BLIND TRUST**
- FROM K-1 - CANTOR FITZGERALD LP**

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5

8,247.

1,884.

1.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

6

10,132.

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 2012, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements

X

- b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶

- 8 During 2012, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See instructions

X

2012 TAX RETURN FILING INSTRUCTIONS

NEW YORK INCOME TAX RETURN

FOR THE YEAR ENDING

DECEMBER 31, 2012

| | | | | | | | | | | | | | |
|--|---|-------------------------|----|-------|--------------------------------|----|-------|------------------------------|----|---|--------------------|----|------------|
| Prepared for | CHRISTOPHER J & MARY P CHRISTIE [REDACTED] | | | | | | | | | | | | |
| Prepared by | [REDACTED] | | | | | | | | | | | | |
| Amount of tax | <table><tr><td>Total tax</td><td>\$</td><td>5,389</td></tr><tr><td>Less: payments and credits</td><td>\$</td><td>6,041</td></tr><tr><td>Plus: interest and penalties</td><td>\$</td><td>0</td></tr><tr><td>OVERPAYMENT</td><td>\$</td><td>652</td></tr></table> | Total tax | \$ | 5,389 | Less: payments and credits | \$ | 6,041 | Plus: interest and penalties | \$ | 0 | OVERPAYMENT | \$ | 652 |
| Total tax | \$ | 5,389 | | | | | | | | | | | |
| Less: payments and credits | \$ | 6,041 | | | | | | | | | | | |
| Plus: interest and penalties | \$ | 0 | | | | | | | | | | | |
| OVERPAYMENT | \$ | 652 | | | | | | | | | | | |
| Overpayment | <table><tr><td>Miscellaneous Donations</td><td>\$</td><td>0</td></tr><tr><td>Credited to your estimated tax</td><td>\$</td><td>652</td></tr><tr><td>Refunded to you</td><td>\$</td><td>0</td></tr></table> | Miscellaneous Donations | \$ | 0 | Credited to your estimated tax | \$ | 652 | Refunded to you | \$ | 0 | | | |
| Miscellaneous Donations | \$ | 0 | | | | | | | | | | | |
| Credited to your estimated tax | \$ | 652 | | | | | | | | | | | |
| Refunded to you | \$ | 0 | | | | | | | | | | | |
| Make check payable to | NOT APPLICABLE | | | | | | | | | | | | |
| Mail tax return and check (if applicable) to | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM TR-579-IT TO OUR OFFICE. WE WILL SUBMIT YOUR ELECTRONIC RETURN TO THE NY TAX DEPT. | | | | | | | | | | | | |
| Return must be mailed on or before | NOT APPLICABLE | | | | | | | | | | | | |
| Special Instructions | | | | | | | | | | | | | |

**New York State E-File Signature Authorization for Tax Year 2012
For Forms IT-201, IT-203, IT-214, and NYC-210**

Electronic return originator (ERO): **do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: CHRISTOPHER J CHRISTIE

Spouse's name: MARY P CHRISTIE
(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, *Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-203, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our Web site at www.tax.ny.gov to view this document.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2012 Form IT-370*.

Part A - Tax return information

| | | |
|---|----|---------------|
| 1 Federal adjusted gross income (from Form IT-201, line 19, or IT-203, line 19) | 1. | <u>89,180</u> |
| 2 Refund (from Form IT-201, line 78, or IT-203, line 68) | 2. | <u>0</u> |
| 3 Amount you owe (from Form IT-201, line 80, or IT-203, line 70) | 3. | <u></u> |

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-203, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2012 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2012 New York State electronic return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2012 electronic return, and I authorize my financial institution to withdraw the amount from my account. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: _____

Date: _____

Spouse's signature: _____
(jointly filed return only)

Date: _____

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2012 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2012 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2012 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2012 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____

Date: 09-27-13

Print name: _____

Paid preparer's signature: _____

Date: 9-27-13

Print name: _____

2012

New York State Department of Taxation and Finance

Nonresident and Part-Year Resident**IT-203****Income Tax Return New York State • New York City • Yonkers**

For the year January 1, 2012, through December 31, 2012, or fiscal year beginning ...

and ending ...

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial

CHRISTOPHER

Your last name (for a joint return, enter spouse's name on line below)

J CHRISTIE

Your date of birth (mm-dd-yyyy)

[REDACTED]

Your social security number

-**-*

Spouse's first name and middle initial

MARY

Spouse's last name

P CHRISTIE

Spouse's date of birth (mm-dd-yyyy)

[REDACTED]

Spouse's social security number

-**-*

Mailing address (see instructions, page 13) (number and street or rural route)

[REDACTED]

Apartment number

New York State county of residence

NR

City, village, or post office

[REDACTED]

State ZIP code

[REDACTED]

Country (if not United States)

School district name

NR

Permanent home address (see instr., pg. 13) (no. and street or rural route) Apartment no.

City, village, or post office

School district
code number

State ZIP code

Country (if not United States)

Taxpayer's date of death Spouse's date of death

Decedent
information**A Filing status**

(mark an X in one box):

① ☐ Single② ☒ Married filing joint return
(enter both spouses' social security numbers above)③ ☐ Married filing separate return
(enter both spouses' social security numbers above)④ ☐ Head of household (with qualifying person)⑤ ☐ Qualifying widow(er) with dependent child**B** Did you itemize your deductions on your 2012 federal income tax return? Yes ☒ No ☐**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D** Did you have a financial account **NEW** located in a foreign country? (see pg. 14) Yes ☐ No ☒**E New York City part-year residents only (see page 14)**

(1) Number of months you lived in NY City in 2012

(2) Number of months your spouse lived in NY City in 2012

F Enter your 2-character special condition code if applicable (see page 14)

If applicable, also enter your second 2-character special condition code

G New York State part-year residents (see page 15)

Enter the date you moved into or out of NYS (mm-dd-yyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS ☐2) Lived outside NYS; received income from NYS sources during nonresident period ☐3) Lived outside NYS; received no income from NYS sources during nonresident period ☐**H New York State nonresidents (see page 15)**Did you or your spouse maintain living quarters in NYS in 2012? Yes ☐ No ☒
(if Yes, complete Form IT-203-B)**I Dependent exemption information (see page 15)**

| First name and middle initial | Last name | Relationship | Social security number | Date of birth (mm-dd-yyyy) |
|-------------------------------|-----------|--------------|------------------------|----------------------------|
| ANDREW | CHRISTIE | SON | ***-**-**** | [REDACTED] |
| SARAH | CHRISTIE | DAUGHTER | ***-**-**** | [REDACTED] |
| PATRICK | CHRISTIE | SON | ***-**-**** | [REDACTED] |
| BRIDGET | CHRISTIE | DAUGHTER | ***-**-**** | [REDACTED] |

If more than 7 dependents, mark an X in the box. ☐

*** - ** - ****

Federal income and adjustments (see page 17)**Federal amount**
Whole dollars only**New York State amount**
Whole dollars only

| | | | | |
|--|----|----------|----|---------|
| 1 Wages, salaries, tips, etc. | 1 | 425,088. | 1 | 87,900. |
| 2 Taxable interest income | 2 | 3,325. | 2 | 14. |
| 3 Ordinary dividends | 3 | 10,132. | 3 | 1. |
| 4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) | 4 | | 4 | |
| 5 Alimony received | 5 | | 5 | |
| 6 Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040) ... | 6 | | 6 | |
| 7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) ... | 7 | 16,153. | 7 | 135. |
| 8 Other gains or losses (submit a copy of federal Form 4797) | 8 | 3,459. | 8 | |
| 9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/> | 9 | | 9 | |
| 10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/> | 10 | | 10 | |
| 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) | 11 | 20,820. | 11 | 1,130. |
| 12 Rental real estate included in line 11 (federal amount) 12 | | | | |
| 13 Farm income or loss (submit a copy of federal Sch. F, Form 1040) | 13 | | 13 | |
| 14 Unemployment compensation | 14 | | 14 | |
| 15 Taxable amount of social security benefits (also enter on line 26) | 15 | | 15 | |
| 16 Other income (see page 22) Identify: | 16 | | 16 | |
| 17 Add lines 1 through 11 and 13 through 16 | 17 | 478,977. | 17 | 89,180. |
| 18 Total federal adjustments to income (see page 22) Identify: | 18 | | 18 | |
| 19 Federal adjusted gross income (subtract line 18 from line 17) ... | 19 | 478,977. | 19 | 89,180. |

New York additions (see page 24)

| | | | | |
|--|----|----------|----|---------|
| 20 Interest income on state and local bonds (but not those of New York State or its localities) | 20 | | 20 | |
| 21 Public employee 414(h) retirement contributions | 21 | | 21 | |
| 22 Other (see page 24) Identify: SEE STATEMENT 1 | 22 | 962. | 22 | 603. |
| 23 Add lines 19 through 22 | 23 | 479,939. | 23 | 89,783. |

New York subtractions (see page 27)

| | | | | |
|--|----|----------|----|---------|
| 24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 24 | | 24 | |
| 25 Pensions of NYS and local governments and the federal government (see page 27) | 25 | | 25 | |
| 26 Taxable amount of social security benefits (from line 15) | 26 | | 26 | |
| 27 Interest income on U.S. government bonds | 27 | 1,085. | 27 | |
| 28 Pension and annuity income exclusion | 28 | | 28 | |
| 29 Other (see page 29) Identify: SEE STATEMENT 2 | 29 | 963. | 29 | 604. |
| 30 Add lines 24 through 29 | 30 | 2,048. | 30 | 604. |
| 31 New York adjusted gross income (subtract line 30 from line 23) | 31 | 477,891. | 31 | 89,179. |

| | | | |
|---|----|--|----------|
| 32 Enter the amount from line 31, Federal amount column | 32 | | 477,891. |
|---|----|--|----------|

Standard deduction or itemized deduction (see page 33)

| | | | |
|--|----|--|----------|
| 33 Enter your standard deduction (table on page 33) or your itemized deduction (from Form IT-203-D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized | 33 | | 51,675. |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 34 | | 426,216. |
| 35 Dependent exemptions (not the same as total federal exemptions; see page 33) | 35 | | 4,000. |
| 36 New York taxable income (subtract line 35 from line 34) | 36 | | 422,216. |

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Tax computation, credits, and other taxes (see page 34)

| | | | |
|----|--|------------------------------------|----------------------------------|
| 37 | New York taxable income (from line 36 on page 2) | 37 | 422,216. |
| 38 | New York State tax on line 37 amount (see page 34 and Tax computation on pages 66, 67, and 68) | 38 | 28,922. |
| 39 | New York State household credit (page 34, table 1, 2, or 3) | 39 | |
| 40 | Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 40 | 28,922. |
| 41 | New York State child and dependent care credit (see page 35) | 41 | 40. |
| 42 | Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 42 | 28,882. |
| 43 | New York State earned income credit (see page 35) | 43 | |
| 44 | Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 44 | 28,882. |
| 45 | Income percentage (see page 35) | New York State amount from line 31 | Federal amount from line 31 |
| | | 89,179. ÷ | 477,891. = |
| | | | 45 |
| | | | Round result to 4 decimal places |
| | | | .1866 |
| 46 | Allocated New York State tax (multiply line 44 by the decimal on line 45) | 46 | 5,389. |
| 47 | New York State nonrefundable credits (Form IT-203-ATT, line 8) | 47 | |
| 48 | Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 48 | 5,389. |
| 49 | Net other New York State taxes (Form IT-203-ATT, line 33) | 49 | |
| 50 | Total New York State taxes (add lines 48 and 49) | 50 | 5,389. |

New York City and Yonkers taxes and credits

| | | | | |
|-----|---|-----|----|--|
| 51 | Part-year New York City resident tax (Form IT-360.1) | 51 | | See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges. |
| 52 | New York City minimum income tax (Form IT-220) | 52 | | |
| 52a | Add lines 51 and 52 | 52a | | |
| 52b | Part-year resident nonrefundable New York City child and dependent care credit | 52b | | |
| 52c | Subtract line 52b from 52a | 52c | | |
| 53 | Yonkers nonresident earnings tax (Form Y-203) | 53 | | |
| 54 | Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | | |
| 55 | Total New York City and Yonkers taxes (add lines 52c, 53, and 54) | 55 | | |
| 56 | Sales or use tax (See the instructions on page 36. Do not leave line 56 blank.) | 56 | 0. | |

Voluntary contributions (see page 37)

| | | | |
|-----|--|-----|--------|
| 57a | Return a Gift to Wildlife | 57a | |
| 57b | Missing/Exploited Children Fund | 57b | |
| 57c | Breast Cancer Research Fund | 57c | |
| 57d | Alzheimer's Fund | 57d | |
| 57e | Olympic Fund (\$2 or \$4; see page 37) | 57e | |
| 57f | Prostate Cancer Research Fund | 57f | |
| 57g | 9/11 Memorial | 57g | |
| 57h | Volunteer Firefighting & EMS Recruitment Fund | 57h | |
| 57 | Total voluntary contributions (add lines 57a through 57h) | 57 | |
| 58 | Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | 5,389. |

-**-*

59 Enter amount from line 58 59 5,389.

Payments and refundable credits (see page 38)

60 Part-year NYC school tax credit (also complete E on pg. 1; see pg. 38) 60

61 Other refundable credits (Form IT-203-ATT, line 17) 61

62 Total New York State tax withheld 62 5,970.

63 Total New York City tax withheld 63

64 Total Yonkers tax withheld 64

65 Total estimated tax payments/amount paid with Form IT-370 65 71.

66 Total payments and refundable credits (add lines 60 through 65) 66 6,041.

Submit your wage and tax statements with your return (see page 38).

Your refund, amount you owe, and account information (see pages 39 through 42)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67 652.

68 Amount of line 67 to be refunded

Mark one refund choice: ☐ direct deposit (fill in line 73) -or- ☐ debit card -or- ☐ paper check 68

69 Amount of line 67 that you want applied to your 2013 estimated tax (see instructions) 69 652.

See pages 39 and 40 for information about your three refund choices.

70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59).

To pay by electronic funds withdrawal, mark this box ☐ and fill in lines 73 and 74 70

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 40) 71

72 Other penalties and interest (see page 40) 72

See page 43 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 41).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 41) ☐73a Account type: ☐ Personal checking -or- ☐ Personal savings -or- ☐ Business checking -or- ☐ Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 41) Date Amount

Third-party designee? (see instr.)

Yes ☒ No ☐

Print designee's name

E-mail: [REDACTED]

Designee's phone number

[REDACTED]

Personal identification number (PIN)

[REDACTED]

▼ Paid preparer must complete (see instr.) ▼

Date 09-27-2013

Preparer's name (or yours, if self-employed) [REDACTED]

Preparer's NYTPRN

Firm's name (or yours, if self-employed) [REDACTED]

Preparer's PTIN or SSN

Address [REDACTED]

Employer identification number

-***

Mark an X if self-employed ☐

E-mail: [REDACTED]

▼ Taxpayer(s) must sign here ▼

Your signature

Your occupation

GOVERNOR

Spouse's signature and occupation (if joint return)

SALES

Date

Daytime phone number

E-mail:

See instructions for where to mail your return.

2012

Nonresident and Part-Year Resident Itemized Deduction Schedule

IT-203-D

Submit this form with Form IT-203. See instructions for completing Form IT-203-D in the instructions for Form IT-203.

Name(s) as shown on your Form IT-203

CHRISTOPHER J & MARY P CHRISTIE

Your social security number

-**-*

Whole dollars only

| | | | |
|----|--|----|----------|
| 1 | Medical and dental expenses (federal Schedule A, line 4) | 1 | |
| 2 | Taxes you paid (federal Schedule A, line 9) | 2 | 73,407. |
| 3 | Interest you paid (federal Schedule A, line 15) | 3 | 11,066. |
| 4 | Gifts to charity (federal Schedule A, line 19) | 4 | 21,266. |
| 5 | Casualty and theft losses (federal Schedule A, line 20) | 5 | |
| 6 | Job expenses/miscellaneous deductions (federal Schedule A, line 27) | 6 | |
| 7 | Other miscellaneous deductions (federal Schedule A, line 28) | 7 | |
| 8 | Enter amount from federal Schedule A, line 29 | 8 | 105,739. |
| 9 | State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions) | 9 | 35,486. |
| 10 | Subtract line 9 from line 8 | 10 | 70,253. |
| 11 | College tuition itemized deduction (Form IT-203-B, line 2; see instructions) | 11 | |
| 12 | Addition adjustments (see instructions) | 12 | |
| 13 | Add lines 10, 11, and 12 | 13 | 70,253. |
| 14 | Itemized deduction adjustment (see instructions) STATEMENT 4 | 14 | 18,578. |
| 15 | New York State itemized deduction (subtract line 14 from line 13; enter on Form IT-203, line 33) | 15 | 51,675. |

2012

New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

IT-216

New York State • New York City

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return

CHRISTOPHER J & MARY P CHRISTIE

Your social security number

-**-*

1 Have you already filed your New York State income tax return? Yes ☐ No ☒

If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

A - Care provider's first name, middle initial, and last name

B - Address

C - Identifying number (SSN or EIN)

D - Amount paid (see instructions)

-**-*

12,205.

3 Qualifying persons you are claiming. List in order from youngest to oldest.

(If you are claiming more than four qualifying persons, mark an X in the box and see instructions.) ☐

A - First name and middle initial

B - Last name

C - Qualified expenses paid

D - Person with disability (see instr.)

E - Social security number

F - Date of birth (mm-dd-yyyy)

PATRICK

CHRISTIE

7,500.

☐

-**-*

BRIDGET

CHRISTIE

4,705.

☐

-**-*

☐☐**Note:** If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any 3a 12,205.

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes ☒ No ☐5 Enter the **smallest** of:

— line 3a above; or

— federal Form 2441, line 3; or

— 3,000 if one qualifying person, or 6,000 if two or more qualifying persons 5

Whole dollars only

1,000.

6 Enter your earned income (see instructions) 6

161,811.

7 If your filing status is **2** Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) 7

263,277.

8 Enter the smallest of line 5, 6, or 7 8

1,000.

9 Enter the amount from: federal Form 1040A, line 22,

or federal Form 1040, line 38 9

478,977.

10 Enter the decimal amount that applies to the amount

on line 9 from the Table for line 10 in the instructions 10

.20

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2) 11

200.

| | | | |
|----|---|----------|------|
| 12 | Amount from line 11 | 12 | 200. |
| 13 | Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32) | 477,891. | |
| | Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line | 13 | .200 |
| 14 | Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (<i>see instructions</i>) | 14 | 40. |

Part-year New York State residents

| | | | |
|----|---|----|--|
| 15 | Enter the amount from Form IT-203, line 40 | 15 | |
| | If line 15 is equal to or more than line 14, stop. You do not have excess credit. | | |
| | If line 15 is less than line 14, continue on line 16 below. | | |
| 16 | Subtract line 15 from line 14. This is your excess child and dependent care credit | 16 | |
| 17 | Enter the amount from Form IT-203-ATT, line 29 (<i>if you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.</i>) | 17 | |
| | If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. | | |
| | Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below. | | |
| 18 | Subtract line 17 from line 16. This is your remaining excess child and dependent care credit | 18 | |
| 19 | Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203 | 19 | |
| 20 | Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203 | 20 | |
| 21 | Divide line 19 by line 20 (<i>round the result to the fourth decimal place</i>). This amount cannot exceed 100% (1.0000) | 21 | |
| 22 | Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable portion of your New York State part-year resident child and dependent care credit. | 22 | |

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 4 of the instructions.

| | | | |
|----|---|----|--|
| 23 | Enter the portion of the total expenses from line 3a that was paid for children under 4 years old | 23 | |
| | IT-201 filers: | | |
| 24 | Refundable New York City child and dependent care credit (<i>from Worksheet 1, line 7 or line 13</i>) | 24 | |
| 25 | Add lines 14 and 24; also enter this amount on Form IT-201, line 64 | 25 | |
| 26 | Part-year New York City resident nonrefundable New York City child and dependent care credit (<i>from Worksheet 1, line 8</i>); also enter this amount on Form IT-201-ATT, line 9a | 26 | |

IT-203 filers:

| | | | |
|----|---|----|--|
| 27 | Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 1, line 8</i>); also enter this amount on Form IT-203, line 52b | 27 | |
| 28 | Refundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 1, line 13</i>); also enter this amount on Form IT-203-ATT, line 9a | 28 | |
| | Part-year New York City resident filers only: | | |
| 29 | Enter the amount from Worksheet 1, line 10 | 29 | |
| 30 | Enter the amount from Worksheet 1, line 11 | 30 | |

| NY IT-203 | OTHER NEW YORK ADDITIONS | STATEMENT | 1 |
|---|--------------------------|-----------------|---|
| DESCRIPTION | FEDERAL AMOUNT | NEW YORK AMOUNT | |
| CANTOR FITZGERALD UBT | 128. | 80. | |
| CANTOR FITZGERALD INTEREST EXP ON LOANS | 834. | 523. | |
| TOTAL TO FORM IT-203, LINE 22 | 962. | 603. | |

| NY IT-203 | OTHER NEW YORK SUBTRACTIONS | STATEMENT | 2 |
|------------------------------------|-----------------------------|-----------------|---|
| DESCRIPTION | FEDERAL AMOUNT | NEW YORK AMOUNT | |
| CANTOR FITZGERALD US GOVT INTEREST | 963. | 604. | |
| TOTAL TO FORM IT-203, LINE 29 | 963. | 604. | |

| NY IT-203 | NY PASSTHROUGH DETAIL | STATEMENT | 3 |
|---|-----------------------|-----------|---|
| DESCRIPTION | FD AMOUNT | NY AMOUNT | |
| CANTOR FITZGERALD LP | 1,803. | 1,130. | |
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST | -3,696. | | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 80. | | |
| MCNEIL PPC INC - ROYALTIES - [REDACTED] | 22,617. | | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST - [REDACTED] | 16. | | |
| TOTAL TO FORM IT-203, LINE 11 | 20,820. | 1,130. | |

| | | | |
|-------------|---|-----------|---|
| NY IT-203-D | WORKSHEET 4 - ITEMIZED DEDUCTION ADJUSTMENT | STATEMENT | 4 |
|-------------|---|-----------|---|

| | | |
|----|---|---------|
| 1. | ENTER EXCESS OF NEW YORK AGI OVER \$475,000 (CANNOT EXCEED \$50,000) | 2,891. |
| 2. | DIVIDE LINE 1 BY \$50,000 AND CARRY THE RESULT TO FOUR DECIMAL PLACES | .0578 |
| 3. | ENTER 25% OF FORM IT-201-D, LINE 12 (IT-203-D, LINE 13). . . | 17,563. |
| 4. | MULTIPLY LINE 2 BY LINE 3 | 1,015. |
| 5. | ADD LINES 3 AND 4. TRANSFER THIS AMOUNT TO FORM IT-201-D, LINE 13 (FORM IT-203-D, LINE 14). | 18,578. |

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1040.

▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2012Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or LessComplete Form 8949 before completing line 1, 2, or 3.
This form may be easier to complete if you round off
cents to whole dollars.

| | (d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d) | (e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|--|--|
| 1 Short-term totals from all Forms 8949 with box A checked in Part I | | | | |
| 2 Short-term totals from all Forms 8949 with box B checked in Part I | | | 5,343. | 5,343. |
| 3 Short-term totals from all Forms 8949 with box C checked in Part I | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 STMT 5 | | | | 218. |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 7 | | | | 1,415. |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | () |
| 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 | | | | 6,976. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One YearComplete Form 8949 before completing line 8, 9, or 10.
This form may be easier to complete if you round off
cents to whole dollars.

| | (d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d) | (e) Cost or other basis from Form(s) 8949, Part II, line 4, column (e) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 4, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|---|--|---|--|
| 8 Long-term totals from all Forms 8949 with box A checked in Part II | | | | |
| 9 Long-term totals from all Forms 8949 with box B checked in Part II | | | <363.> | <363.> |
| 10 Long-term totals from all Forms 8949 with box C checked in Part II | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 6 | | | | 348. |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 7,198. |
| 13 Capital gain distributions SEE STATEMENT 9 | | | | 1,994. |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | () |
| 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (h). Then go to Part III on page 2 | | | | 9,177. |

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2012

Part III Summary

| | | |
|--|----|---------|
| 16 Combine lines 7 and 15 and enter the result | 16 | 16,153. |
| <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. | | |
| 17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions | 18 | |
| 19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions SEE STATEMENT 10 | 19 | 4. |
| 20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below. | | |
| 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) | 21 | () |
| Note. When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR. | | |

Sales and Other Dispositions of Capital Assets

► **Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.**
► **File with your Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10 of Schedule D.**

OMB No. 1545-0074

2012

Attachment Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification no.

* * * _ * * _ * * * *

CHRISTOPHER J & MARY P CHRISTIE

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

| | |
|---------------|--|
| Part I | Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2. |
|---------------|--|

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis **was** reported to the IRS
- ☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **was not** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Social security number or taxpayer identification no.

*** _ ** _ ****

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

☐ (A) Long-term transactions reported on Form(s) 1099-B showing basis **was** reported to the IRS

☒ (B) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☐ (C) Long-term transactions not reported to you on Form 1099-B

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))
 ► Attach to your tax return.

OMB No. 1545-0184

2012

Attachment
 Sequence No. **27**

► Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Identifying number

*** - ** - ****

CHRISTOPHER J & MARY P CHRISTIE

1 Enter the gross proceeds from sales or exchanges reported to you for 2012 on Form(s) 1099-B or 1099-S
 (or substitute statement) that you are including on line 2, 10, or 20

1

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From
 Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

| (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|--------------------------------------|----------------------------------|--------------------------|--|---|---|
| 2 THE MARY PAT CHRISTIE 2010 BLIND TRUST | | | | | | 21. |
| 3 Gain, if any, from Form 4684, line 39 | | | | | | 3 |
| 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 | | | | | | 4 |
| 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | | | | | | 5 |
| 6 Gain, if any, from line 32, from other than casualty or theft | | | | | | 6 |
| 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | | | | | | 21. |
| 8 Nonrecaptured net section 1231 losses from prior years (see instructions) | | | | | | 8 |
| 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) | | | | | | 9 |

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | |
|--|--|--|--|--|--|---------------|
| MARY PAT CHRISTIE BLIND TRUST | | | | | | 3,459. |
| 11 Loss, if any, from line 7 | | | | | | 11 |
| 12 Gain, if any, from line 7 or amount from line 8, if applicable | | | | | | 12 |
| 13 Gain, if any, from line 31 | | | | | | 13 |
| 14 Net gain or (loss) from Form 4684, lines 31 and 38a | | | | | | 14 |
| 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 | | | | | | 15 |
| 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 | | | | | | 16 |
| 17 Combine lines 10 through 16 | | | | | | 3,459. |
| 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 | | | | | | 18a |
| | | | | | | 3,459. |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2012)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|--|--------------------------------------|----------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B |
| | | Property C | Property D |
| 20 | Gross sales price (Note: See line 1 before completing.) | 20 | |
| 21 | Cost or other basis plus expense of sale | 21 | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | |
| 25 | If section 1245 property: | | |
| a | Depreciation allowed or allowable from line 22 | 25a | |
| b | Enter the smaller of line 24 or 25a | 25b | |
| 26 | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | |
| a | Additional depreciation after 1975 (see instructions) | 26a | |
| b | Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) | 26b | |
| c | Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e | 26c | |
| d | Additional depreciation after 1969 and before 1976 | 26d | |
| e | Enter the smaller of line 26c or 26d | 26e | |
| f | Section 291 amount (corporations only) | 26f | |
| g | Add lines 26b, 26e, and 26f | 26g | |
| 27 | If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). | | |
| a | Soil, water, and land clearing expenses | 27a | |
| b | Line 27a multiplied by applicable percentage | 27b | |
| c | Enter the smaller of line 24 or 27b | 27c | |
| 28 | If section 1254 property: | | |
| a | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions) | 28a | |
| b | Enter the smaller of line 24 or 28a | 28b | |
| 29 | If section 1255 property: | | |
| a | Applicable percentage of payments excluded from income under section 126 (see instructions) | 29a | |
| b | Enter the smaller of line 24 or 29a (see instructions) | 29b | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | | |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

| | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 |
| 34 | Recomputed depreciation (see instructions) | 34 |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 |

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/form1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

CHRISTOPHER J & MARY P CHRISTIE

-**-*

Part I **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No
B If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

| | |
|----------|--|
| A | |
| B | |
| C | |

| 1b | Type of Property (from list below) | 2 | Fair Rental Days | Personal Use Days | QJV |
|----------|---------------------------------------|--|---------------------|----------------------|-----|
| A | 6 | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | A | | |
| B | 6 | | B | | |
| C | | | C | | |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | Properties: | A | B | C |
|-----------------------------|-------------|---------|-----|---|
| 3 Rents received | 3 | | | |
| 4 Royalties received | 4 | 22,617. | 16. | |

Expenses:

| | | | | |
|---|-----------|---------|-----|--|
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | | | |
| 15 Supplies | 15 | | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | 22,617. | 16. | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | | |

| | | |
|--|------------|---------|
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | 22,633. |
| c Total of all amounts reported on line 12 for all properties | 23c | |
| d Total of all amounts reported on line 18 for all properties | 23d | |
| e Total of all amounts reported on line 20 for all properties | 23e | |

| | | |
|--|-----------|---------|
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | 22,633. |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | 22,633. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 1040) 2012

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

-**-*

CHRISTOPHER J & MARY P CHRISTIE**Caution.** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☒ Yes ☐ No
- If you answered "Yes," see instructions before completing this section.

| 28 | (a) Name | (b) Enter P for partnership; S for S corporation | (c) Check if foreign partnership | (d) Employer identification number | (e) Check if any amount is not at risk |
|----|------------------|--|----------------------------------|------------------------------------|--|
| A | SEE STATEMENT 11 | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |

| Passive Income and Loss | | | Nonpassive Income and Loss | | |
|---|--------------------------------------|---------------------------------------|--|---|------------|
| (f) Passive loss allowed (attach Form 8582 if required) | (g) Passive income from Schedule K-1 | (h) Nonpassive loss from Schedule K-1 | (i) Section 179 expense deduction from Form 4562 | (j) Nonpassive income from Schedule K-1 | |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| 29a Totals | | | | | 1,905. |
| b Totals | 21. | 3,696. | 1. | | |
| 30 Add columns (g) and (j) of line 29a | | | | 30 | 1,905. |
| 31 Add columns (f), (h), and (i) of line 29b | | | | 31 | (3,718.) |
| 32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below | | | | 32 | -1,813. |

Part III Income or Loss From Estates and Trusts

| 33 | (a) Name | (b) Employer identification number |
|----|------------------|------------------------------------|
| A | SEE STATEMENT 12 | |
| B | | |

| Passive Income and Loss | | Nonpassive Income and Loss | |
|--|--------------------------------------|---|------------------------------------|
| (c) Passive deduction or loss allowed (attach Form 8582 if required) | (d) Passive income from Schedule K-1 | (e) Deduction or loss from Schedule K-1 | (f) Other income from Schedule K-1 |
| A | | | |
| B | | | |
| 34a Totals | | | |
| b Totals | | | |
| 35 Add columns (d) and (f) of line 34a | | | 35 |
| 36 Add columns (c) and (e) of line 34b | | | 36 () |
| 37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below | | | 37 |

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

| 38 | (a) Name | (b) Employer identification number | (c) Excess inclusion from Schedules Q, line 2c (see instructions) | (d) Taxable income (net loss) from Schedules Q, line 1b | (e) Income from Schedules Q, line 3b |
|----|---|------------------------------------|---|---|--------------------------------------|
| | | | | | |
| 39 | Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below | | | | 39 |

Part V Summary * ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

| | | | |
|----|---|----|---------|
| 40 | Net farm rental income or (loss) from Form 4835. Also, complete line 42 below | 40 | |
| 41 | Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 | 41 | 20,820. |
| 42 | Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), box 14, code F (see instructions) | 42 | |
| 43 | Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules | 43 | |

| | | | |
|------------|---|-----------|---|
| SCHEDULE D | NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824 | STATEMENT | 5 |
|------------|---|-----------|---|

| DESCRIPTION OF PROPERTY | GAIN OR LOSS |
|-------------------------------------|--------------|
| FORM 6781, PART I | 218. |
| TOTAL TO SCHEDULE D, PART I, LINE 4 | 218. |

| | | | |
|------------|--|-----------|---|
| SCHEDULE D | NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824 | STATEMENT | 6 |
|------------|--|-----------|---|

| DESCRIPTION OF PROPERTY | GAIN OR LOSS | 28% GAIN |
|---------------------------------------|--------------|----------|
| FORM 6781, PART I | 327. | |
| FORM 4797 | 21. | |
| TOTAL TO SCHEDULE D, PART II, LINE 11 | 348. | |

| | | | |
|------------|---|-----------|---|
| SCHEDULE D | NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES | STATEMENT | 7 |
|------------|---|-----------|---|

| DESCRIPTION OF ACTIVITY | GAIN OR LOSS |
|--|--------------|
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 1,415. |
| TOTAL TO SCHEDULE D, PART I, LINE 5 | 1,415. |

| | | | |
|------------|--|-----------|---|
| SCHEDULE D | NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES | STATEMENT | 8 |
|------------|--|-----------|---|

| DESCRIPTION OF ACTIVITY | GAIN OR LOSS | 28% GAIN |
|--|--------------|----------|
| CANTOR FITZGERALD LP | 216. | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST | 6,982. | |
| TOTAL TO SCHEDULE D, PART II, LINE 12 | 7,198. | |

SCHEDULE D

CAPITAL GAIN DISTRIBUTIONS

STATEMENT 9

| NAME OF PAYER | TOTAL CAPITAL GAIN | 28% GAIN |
|--|-----------------------|----------|
| THE CHRISTOPHER J. CHRISTIE 2010 BLIND TRUST | 1,994. | |
| TOTALS TO SCHEDULE D, LINE 13 | 1,994. | |

| SCHEDULE D | UNRECAPTURED SECTION 1250 GAIN | STATEMENT 10 |
|--|--------------------------------|--------------|
| <hr/> | | |
| 1. IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4 | | |
| 2. ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1 | | |
| <hr/> | | |
| 3. SUBTRACT LINE 2 FROM LINE 1 | | |
| 4. ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR . . | | |
| 5. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN" | | |
| 4. | | |
| <hr/> | | |
| 6. ADD LINES 3 THROUGH 5 | | |
| 4. | | |
| 7. ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7 | | |
| 4. | | |
| 8. ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8 | | |
| 9. SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0- . . . | | |
| 4. | | |
| 10. ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN | | |
| 11. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY) | | |
| 12. ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE . . | | |
| <hr/> | | |
| 13. ADD LINES 9 THROUGH 12 | | |
| 4. | | |
| 14. IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET | | |
| 15. ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0- | | |
| 0. | | |
| 16. ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE C | | |
| 17. COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0- | | |
| 0. | | |
| <hr/> | | |
| 18. SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19 | | |
| 4. | | |
| <hr/> | | |

SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 11

NAME

| EMPLOYER ID NO. | ANY NOT AT RISK | X IF FRN | CODE | PASSIVE LOSS | PASSIVE INCOME | NONPASSIVE LOSS | SEC. 179 DEDUCTION | NONPASSIVE INCOME |
|--|-----------------------|----------------|------|-----------------|-------------------|--------------------|-----------------------|----------------------|
| CANTOR FITZGERALD LP **-***** | | | P | | | | 1. | 1,804. |
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST **-***** | | | P * | | | 0. | | |
| PRIOR YEAR PAL **-***** | | | P * | | | 3,696. | | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST **-***** | | | P | 21. | | | | 101. |
| TOTALS TO SCH. E, LN. 29 | | | | 21. | | 3,696. | 1. | 1,905. |

* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY

SCHEDULE E INCOME OR (LOSS) FROM ESTATES AND TRUSTS STATEMENT 12

| NAME | EMPLOYER ID NO. | PASSIVE LOSS | PASSIVE INCOME | NONPASSIVE LOSS | NONPASSIVE INCOME |
|---|--------------------|-----------------|-------------------|--------------------|----------------------|
| THE CHRISTOPHER J CHRISTIE 2010 BLIND TRUST DTD | **-***** | | | | |
| THE MARY PAT CHRISTIE 2010 BLIND TRUST DATED | **-***** | | | | |
| TOTALS TO SCHEDULE E, LINE 34 | | | 0. | | |

* ENTIRE DISPOSITION OF NONPASSIVE ACTIVITY